NEDICAL ECONOMICS



APRIL, 1937

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MEDICAL ECONOMICS

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

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☆ SPEAKING FRANKLY ☆

AGAINST CRUCIFIXION

To the editors: I feel impelled to comment on your March editorial, "Crusade Into Crucifixion." While the efforts of various public health agencies are extremely commendable, it is certainly true that the medical profession as a whole should insist that public services be limited to those patients unable to pay for the services of private physicians.

I see no reason why each private practitioner should not be, in a certain sense, a member of his local health department. I am sure that cooperative efforts between public health officials and private physicians in a community would bring far better results than the care of all venereal patients by the health department, irrespective of financial status.

I feel certain that public health officials would be willing to work on this basis—especially if the medical profession in general came forward and offered its services wholeheartedly. Let the organized medical profession make proposals to the health authorities rather than wait silently for things to happen in other quarters.

Wallace M. Yater, M.D. Washington, D. C.

TO THE EDITORS: The Calhoun County (Michigan) Medical Society is opposed to free venereal clinics. A few years ago we officially cancelled all clinic affiliations (except those approved by a committee) under penalty of loss of membership. We have no clinics now.

The government, welfare workers, and special groups have edged into our work at every opportunity until much of the practice of medicine is now alienated from us—for instance, relief patients, the tubercular, the insane, Indians, anesthesia in hospitals, contagion, sailors, veterans, government workers. If this sort of thing continues, there will be nothing left. Every group added to the list means so many more doctors on starvation earnings.

Constantly and to our utmost, we must oppose this move toward free venereal clinics.

Wilfrid Haughey, M.D., Secretary Calhoun County Medical Society

To the editors: Apropos of "Crusade Into Crucifixion"—we have always had abuse of clinics by the public. Now, with the contemplated establishment of free venereal clinics, we will have additional abuse by the government.

Chester I. Ulmer, M.D. Gibbstown, New Jersey

To the editors: Even though the taboo has been removed on veneral diseases as a topic of newspaper articles and conversation, many patients would feel stigmatized if seen going to a clinic for such diseases. By the same token, they would retain some of their self-respect and would make every effort to obtain treatment if encouraged to seek it from a private physician.

Doctors should offer every inducement to those afflicted with venereal diseases to come to their offices. They should show their interest in such pa-

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tients by their ability to understand and treat the disease and, chiefly, by their willingness to make a practicable financial arrangement. Many people are driven to clinics because some private physicians charge exorbitant fees for the treatment of syphilis and gonorrhea. It is up to us to see that all such patients receive financial as well as medical consideration.

I agree with you that after a patient is discovered to have a venereal disease, he should first be instructed to seek his family physician. He should not be confined at once to a clinic where he will be an added burden on the long-suffering, over-taxed citizen.

We are sincerely grateful for your editorial. We appreciate your helpful understanding of the situation from the point of view of the tax-paying physician. And we hope that you and others will be moved to write more along the same lines.

Robert Cary Jamieson, M.D. Detroit, Michigan

To the editors: I want to congratulate you on the stand you take in your editorial. Unless a vigorous protest is made against the method of handling the crusade against syphilis, the free dispensary will be the means of treating this condition at the expense of physicians.

I am wholeheartedly opposed to free clinics except as they apply to indigents. Even then, doctors should be adequately recompensed for the services they give.

> H. B. Wilson, M.D. Hackensack, New Jersey

MEDICINE A RELIGION

To the editors: After having read "Medicine and the State" (March issue), I should like to express the following opinion: I believe more strongly now than ever before that the profession should be as completely di-

vorced from government as is religion. The daily function of the honest and conscientious physician is, in truth, a practicable and humanitarian religion. If, in addition to keeping it out of the toils of government, it could be freed of entanglements with commercial medical politicians and mischievious reformers, it might regain the high status (now lost) which is its natural right.

A. J. Dodds, M.D. Pittsburg, Kansas

PROPRIETARY LITERATURE

To the editors: Many pharmaceutical concerns, in my opinion, make a mistake in the way they present literature on proprietaries to physicians. Whenever I wish to refer to literature on a particular product, I have to wade through a mass of pamphlets of various colors, sizes, and shapes.

Some concerns have already started to correct this evil by printing the essential facts about their product on a 3" x 5" filing card. It is a helpful practice. Let physicians encourage it by requesting such cards when asking for literature.

Saul H. Kaplan, M.D. Newton, New Jersey

THAT MAN AGAIN

TO THE EDITORS: While reading your January issue, I came across "MEDICAL ECONOMICS Helps Trap Thief" (page 103).

When I saw Dr. Clarke's picture. I thought, "Now, what were you taken across for?" As I read I realized that the same racket was pulled on me on March 20, 1934—no doubt by the same person. I still have a receipt signed "D. A. Thomson" (note that the "p" is left out) for \$3.75. I paid him in advance for a sponge-rubber chair pad that was never delivered...

I have kept the fellow's receipt, thinking that he may come through here again some time. If they want to

Bloodpressure Instruments

With the origination of the Baumanometer over twenty years ago the torch of leadership in sphygmomanometry was placed in our hands.

It was the Baumanometer that first brought to the profession, in satisfactory form, the scientific accuracy of a mercury-gravity bloodpressure instrument. And again it was in the Baumanometer that an accurately interchangeable glass Cartridge Tube and the standardized steel reservoir were first seen. And so, specializing in this one field of endeavor, we have originated, refined, improved—designed, re-designed, adapted new materials and processes—and perfected for practical use the instrument that has come to be known the world over as the Baumanometer.

The perpetual guarantee for accuracy, the guarantee against glass breakage and other major improvements have all contributed to the success of individual models, but in the final analysis our leadership has been maintained only through your continued acceptance of our product. This we know and deeply appreciate.



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bring him back here after he is disposed of in Providence, I will appear against him.

I wish to add that I think your magazine is splendid and is of much service to physicians in many ways. In fact, here in Frederick we have formed the Physicians' and Dentists' Service Bureau much on the principle of a similar organization described in your September, 1935 issue.

G. B. Crist, M.D. Frederick, Maryland

CHARITY STOP-GAP

TO THE EDITORS: No doubt a number of my colleagues are faced with the problem which I am going to outline. They may be interested in the solution which I have hit upon.

Frequently people phone my office to find out the day on which I do tonsil operations at the city hospital clinic. They usually add that they prefer to come on my day since I have been recommended to them by a former patient. Now, many of these inquirers can pay my usual fee on a weekly or monthly instalment basis; but they usually reason, "What's the use when I can have the operation done free at the city hospital?"

Nowadays I have these potential patients stop in at my office for an examination. Then I take occasion to explain to them that I do not do all clinic operations personally, that we have young interns who must do such work under my supervision in order to learn. I add that in case of any postoperative bleeding, the intern is in charge since I am not in attendance at the clinic except on my special day.

After such an explanation of the difference between a charity and a private patient, the advantages of becoming the latter are apparent. As a result, the would-be free patient decides to pay. He retains his self-respect and I, in turn, collect a fee which, otherwise, I would have missed.

M.D., Georgia

TESTIMONY BY CERTIFICATE

To the editors: Physicians find it extremely difficult to take vacations. Yet they often are forced to take time away from their patients and wait for hours, even days, to give legal testimony that ordinarily consumes but five or ten minutes. Their practices suffer severely. Furthermore, any compensation they may receive is hardly adequate.

It is my opinion that physicians would do well to organize and attempt to promote legislation that would keep them out of the witness chair. In New York a physician's certificate, properly sworn to, is accepted in compensation cases as evidence. It should be so in all civil cases.

Physicians should be permitted to give their testimony in their own office before a notary public or commissioner of deeds instead of having to make a personal appearance in court. Such testimony should be taken at a time most convenient to them. Attorneys could be permitted to cross-examine at that time. The procedure, in most cases, would not consume more than fifteen minutes.

I take this opportunity to urge the profession to seek an amendment to the rules of evidence that would permit them to give their testimony on the foregoing basis. Physicians should not be forced into court as professional witnesses in a controversy in which they are not personally interested. Surgeons should not be compelled to forsake the operating table for the counsel table.

Meyer Kirschenbaum, Attorney New York City, New York

A DENTIST DISAPPROVES

TO THE EDITORS: I, a dentist, am prompted to write these lines not to find fault with or to belittle our parent profession, but to express a desire for better cooperation and fuller understanding.

It is not uncommon for a dentist

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to have a patient say to him on a matter of dental care, "Well, doctor, I'll consult our family physician and let you know." The physician himself would go to the dentist for dental information. Whose fault is it that patients lack confidence in our dental profession? Is it because medical men are reluctant to admit to patients that dentists are as qualified to practice dentistry as the physician is to practice medicine?

If anything irritates me, it is to have a patient say, "Send the x-rays to my physician. He wants to look them over." Why doesn't the physician ask me for a diagnosis of the teeth? Why should he belittle me in my patient's eyes by implying, "Your dentist can't read those x-rays. Get them to me. I'll read them for you."

The physician might better say to his patient, "Have your dentist call me. I'd like to know the condition of your teeth in order to ascertain whether or not they have any bearing on your general health." And if he wants x-rays very badly, let him ask the dentist, not the patient...

Irving E. Laby, D.D.S. Chicago, Illinois

THRICE MULCTED

To the editors: While an intern I had occasion to appear as a medical witness on three occasions. Owing to my gullibility I was defrauded each time of my fee. I should like to warn others lest they also meet a "smart" lawver.

In the first case, the lawyer for a claimant in an accident suit asked me to testify on a contingency basis— \$25 if he should win, nothing if he should lose. He stated that he would receive pay for his service only if judgment were decided in favor of his client. As it happened, he lost the case. Later I met the mother of the claimant and learned, to my chagrin, that the lawyer had collected money from her before

the case went to trial. She thought that the fee was to defray the cost of securing medical testimony.

The second case concerned a work-men's compensation matter. After testifying and wasting a day in court when I could have operated upon several patients, I was thanked for my trouble thus: "A fee—? Doctor, you are an intern. Only licensed physicians registered with the compensation board are entitled to be paid for loss of time."

The third case brought some recompense at least. But instead of receiving \$25 as promised, I was given \$20 prior to the trial, with the assurance that the balance would be mailed to me no matter which side won, I'm still waiting for the check. That was a year ago.

M.D., Brooklyn

PHONE PRECAUTIONS

To the editors: It is my belief that we cannot be too careful in the matter of giving advice and prescriptions over the phone. It is dangerous, poor business, and may well leave the physician open to a damage suit.

The only advice I offer strangers over the phone is to call at my office if they feel there is anything seriously the matter. The only time I give a prescription over the phone is when there is a druggist at the other end.

Too often, deep in the activity of a busy practice, we tend to overlook these simple precautions.

M.D., Brooklyn

PREPAY CRITICIZED

To the editors: After reading "Group Hospitalization Steps Ahead" (February issue), it occurs to me that your readers might be interested in several criticisms that have been inspired by the prepay hospitalization plan inaugurated here in Sacramento in June. 1932.

First of all, let me explain that this plan is typical. Physicians' fees are





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not included in its provisions, members have free choice of physician as well as of hospital, and laboratory and x-ray fees are covered. The number of subscribers has steadily increased. Membership now comprises some 16,000 individuals.

Criticism of the Sacramento plan comes from four sources as follows:

(1) Patients lament the fact that doctors' fees are not included.

(2) Physicians generally approve the project, but a number of them fear that fees for medical service may be included later and that, as a result, a small group of practitioners will control the plan.

(3) Laboratory and x-ray men object to rendering services under the plan on a salary basis and are making an effort to establish a fee sched-

ule for such work.

(4) Those who manage the project criticize the prolonged hospitalization of some patients and the occasional failure on the part of some physicians to discharge patients promptly. That, it is pointed out, results in a financial loss to the group supporting the plan and in an increased hospital morbidity rate.

Obviously, the success of the Sacramento plan and any others like it depends on cooperation of all branches of the services involved, on adherence to regulations, and on proper discharge of the moral responsibility placed upon

all contracting parties.

M.D., California

BILL OF RIGHTS

TO THE EDITORS: I wish to make a plea for the young physician who, having just completed his internship, enters general practice. Authorities at the hospital where he interns should allow him to become a member of its junior staff. He should be encouraged to make the rounds with a full-time staff member as often as possible, and should be assigned to one dispensary hour a week. Finally, he should be invited to sit in on all business and scientific meetings. Can anyone deny the reasonableness of this demand?

M.D., Pittsburgh, Pennsylvania

"FREE TRADE"

TO THE EDITORS: In a letter received recently from one of our anesthetists an economic problem is presented. I would like to bring it to your attention on account of its connection with the welfare of the medical profession as a whole and of the specialty of anesthesia in particular.

The anesthetist involved practiced his specialty for a long time in Indianapolis. Then circumstances dictated a change of location to Philadelphia. That involved the securing of a license to practice at an expense of \$100. On locating in Philadelphia, this anesthetist encountered a situation in which nurses were competitors in the administration of anesthetics under medical supervision (?). They had no licenses to practice and had to pay no reciprocity examination fee.

Later this same anesthetist moved to California. Again, he had to secure a license to practice, this time at a cost of \$150. Again, too, he faced the same competitive situation. (Recently the state supreme court held nursing anesthesia under medical supervision legal in California without a license to practice and without payment of any reciprocity fees.)

If a similar situation confronted the other scientific professions or business. there would be uproar from one end of the country to the other. The matter would be brought into court and the unfair system terminated.

It is appalling that such economic barriers should be set up by the states against the medical profession while nurses and all other professionals enjoy the benefits of "free trade."

F. H. McMechan, M.D., Secretary General Int'l Anesthesia Research Soc. Rocky River, Ohio

DRAMATIC RESPONSE

In Every Type, at Every Stage of Arthritis



NOVEMBER - 1935



MAY - 1936

Today...this man WALKS

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They contain Parahydrecin (anbydro-para-bydroxy-mercuri-meta-cresol)—a powerful, yet harmless antiseptic developed by Norwich, makers of Unguentine. No

danger of a "mistake" or "burn" with Norforms.

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Norforms can be used steadily—without irritation. They are soothing as well as antiseptic.

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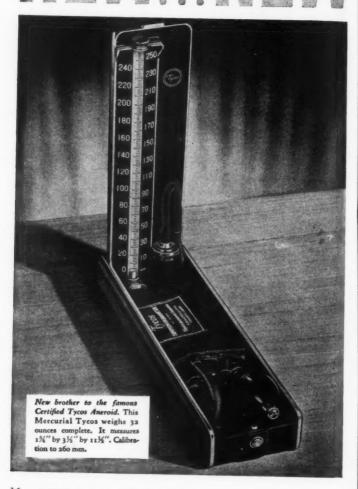
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See next page for details on this new Tycos

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With a new, modern beauty and unusual durability. New features, including the first Mercury Lock on any instrument. A 10-Year Guarantee against breakage—and an unlimited time Guarantee of accuracy.

ONLY \$27.50 COMPLETE

SEE this new instrument today. Admire its distinctive modern lines and rich black finish that is more durable and does not show finger marks. Note the beauty of the polished aluminum trim and the smart nameplate for your initials. The aluminum case is cast in one piece and reinforced for extra strength. It is the only Mercurial case guaranteed against breakage.

See the heavy-walled glass tubing, guaranteed against breakage for 10 years. Examine especially the unique, patented "Mercury Lock" found only in this instrument. Note the steel mercury reservoir. There's also a Floating Spring Mounting that protects tube against shocks. Reinforced its entire length by a metal channel supporting it from behind, the glass tube will withstand a hammer blow. Breakage is almost impossible,

The complete Tycos Mercurial carries a 10-Year Guarantee. This covers breakage or mechanical failure of the case, breakage of the glass tube or any part of the instrument except accessories (bulb, arm band or rubber tubing). It includes free replacement of the glass tube.

Regarding accuracy, the Guarantee has no time limit. It applies as long as the instrument is used correctly.

The new Tycos Mercurial will cost you only \$22.50 complete under the regular Tycos Exchange Plan. Take your old sphygmomanometer—any make or age—to your surgical supply dealer and he will allow you \$5.00 on the trade-in towards the new Mercurial Tycos.

See the Tycos Mercurial at your dealer's tomorrow. You will be as proud to own it as we are to offer it to you. Taylor Instrument Companies, Rochester, N. Y.



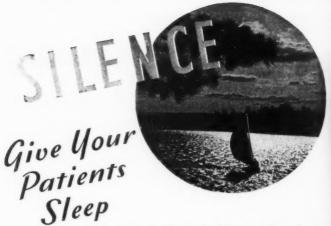
Close-up (at left) of Tycos "Mercury Lock"—unique in the new Mercurial. Lock is open and mercury is in tube ready for use. A patented feature.



"Mercury Lock" closed. Mercury held safely in steel reservoir. No spilling... no leaking. Glass tube can be removed with instrument upright.

Tycos MERCURIAL

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The greatest ally a physician can have in the treatment of almost every ailment that flesh is heir to is his patient's ability to sleep. Restful sleep can double the efficacy of treatment; wakefulness can seriously retard recovery.

To give patients, sensitive to noise, restful and natural sleep, without the use of drugs or soporifics, many physicians prescribe the use of FLENTS. FLENTS are small plastic balls of specially prepared wax and cotton, hygienic and harmless. Pressed lightly into the ear they immediately shut out every disturbing sound. There is no discomfort in using FLENTS. They are instantly removable and can be used again and again.

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DRDER FROM YOUR DEALE



Convalescence from influenza, pneumonia and other illnesses asso ciated with winter is a slow process, frequently requiring as much care as the acute attack. The dietary management is particularly difficult. Appetite and digestion are handicapped, yet the demand for nourishing food is increased. A diet which has proved beneficial at this time is one which supplies maximum caloric value in a palatable and easily digested form.

A Valuable Food in Convalescent Diets

Ovaltine is a food supplement which fulfills all the requirements of such a dietary regimen. It was originated, specifically, as a convalescent food. It is a highly nourishing and well balanced food. Ovaltine itself is easily digested and rapidly utilized, but in addition it increases the digestibility of the milk in which the beverage is

made. It also contributes to the digestion of starches. It is palatable and helps to restore the appetite.

Recommend the use of Ovaltine at meals, between meals, and at bedtime during the convalescent period. It can be prescribed with confidence. Its merit is attested by over 40 years of continuous use in 57 different countries.

Copr. The Wander Company, 1937.

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SIDELIGHTS

GOVERNMENT STATISTICIANS continue to duck the issue of medical treatment for the indigent. Thus, the nub of the problem of medical care is overlooked while attempts are made instead to foist state medicine on the public at large.

Whether the statisticians believe it or not, the public at large doesn't need the alleged benefits of a taxsupported medical system. The well-off can pay for medical attention just as they have always paid for it. The middle class can also pay for it as a rule-especially when given the benefit of such budgetary and installment plans as the medical profession has already sponsored in many communities.

It is the indigent patient whose situation demands attention. True, the pauper can always get medical services: but they are given usually at the expense of private physicians.

If the government wishes to devise ways and means of improving conditions in medicine, let it forget about schemes to give free treatment to those who can pay for it and concentrate instead on providing funds for the care of patients who need medical attention but can't pay for it after they get it.

A NY THOROUGHGOING DISCUSSION of contract practice is bound to throw into relief the common responsibility of the physician and his medical society.

It is the duty of the doctor who enters into a contract with a fraternal organization, insurance company, municipality, or other group to make absolutely certain that the agreement he signs is ethical in all respects and fair to his fellow practitioners. In case of doubt, the contract should be submitted to his local medical society for approval.

By the same token, the society must recognize its obligation to provide adequate facilities for the consideration of such contracts. In communities where contract practice is rife, the medical association should maintain an accredited committee to pass on these agreements and to determine their conformity with accepted standards of square dealing within the profession.

THE COUNTRY IS TIRED of buying magazines to help sextogenarians through



college. When it puts its nickel or dime on the news counter, it wants something to read.

The medical profession may well remember this when trying to "sell" its views on compulsory health insurance. The average citizen will not oppose state medicine because it is bad for the doctor. He can, however, be persuaded to put up a fight against a system which threatens to lower the quality of medical care he will receive when ill and which will, in the long run, cost him more to boot.

The average person is interested primarily in the standards and costs of medical service as they affect him. If we desire to enlist him as an ally in the fight against state medicine, we must convince him that his welfare is threatened no less than our own.

In a certain county in New Jersey a few years ago, five strange physicians are said to have moved in and built up a business of well over a million dollars a year by means of a series of fifteen-minute radio talks



over a local station. During the same period many high grade medical men, long resident in the district, were barely able to earn expenses.

If publicity can make millions for irregular practitioners, why shouldn't it be put to work for ethical physicians? Many stations would be glad to give the local county medical society a regular place on their sustaining programs. With the cooperation of members able to face the microphone without flinching, radio audiences could receive authentic news of medical progress and the reputable profession would reap the benefits of this perfectly proper publicity.

Why aren't such programs already in operation all over the country? The fault is not in our stars but in ourselves. Everyone is agreed on the great power of publicity—but while the ethical profession deliberates, the quack acts.

The problem of laboratory service continues to wrinkle the brow of the physician who lacks the time, equipment, and technic to do his own tests. True, in answer to this need, commercial laboratories have sprung up like mushrooms; but among them, as among mushrooms, there are some harmful specimens.

The practitioner who chooses a laboratory on the basis of price alone is guilty of a disservice to both his patients and himself. Here, as elsewhere, the buyer gets what he pays for. When a laboratory can afford to cut fees substantially below prevailing rates, it is usually because the work is done by inexperienced technicians with a minimum of training.

Diagnosis and treatment often depend on laboratory reports. If the latter are not accurate, the entire therapeutic structure may totter, sometimes with disastrous results.

There is no need to look to legislation for a remedy when the profession holds the key to the situation in its own hands. In some localities county medical societies certify laboratories that conform to specified minimum requirements. Where this is not done, individual practitioners should make sure that the laboratories they patronize are under the active supervision of a fellow physician.

M any people in the lower-income brackets are unaware that, if their circumstances warrant it, medical care may be obtained from private physicians at reduced rates. Others, knowing what the regular charges are, feel too embarrased to ask for a reduction. Still others who have paid maximum fees in the past and can no longer do so conclude that their only alternative is a free dispensary.

Past investigations have revealed that a large proportion of the people who apply for free medical service would prefer private treatment if they could obtain it without embarrassment and at fees within their limited means. The irony of it is that although

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they can obtain it, they don't know it.

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In view of this situation, grumbling about dispensary abuse may well give way to a concerted effort on the part of every medical society and physician to apprise low-income patients of the fact that private medical care is available at fees they can afford.

Conditions demand that this message be hammered home to the public by word of mouth and by societysponsored advertising. Here is a concrete, practical way to help break the dispensary habit. There is no excuse for overlooking it any longer.

Mass health examinations can be a powerful factor in improving public health and increasing the scope of the physician's work.

The State of Maryland offers ample evidence in point. There, last year, the department of health sponsored child health conferences at which 13,700 pre-school children received medical and dental check-ups. As a result, treatment has been recommended for 10,661—four out of every five—of those examined.

Without examination, many of the conditions found would not have been discovered until later on in life. By that time irreparable damage might have been done. As it is, however, almost 11,000 patients have been directed to the offices of private doctors for care and advice.

The field for such examinations is tremendous. Given the necessary resources, physical appraisals may well be made of all types of patients to disclose all types of disorders.

Obviously, mass health examinations must be conducted under proper auspices and with adequate restrictions. Their sole purpose should be to disclose gross defects—not to provide an exhaustive study of the patient's condition or to encourage treatment by public agencies.

If proper recognition is given to those important points, both the public and the profession stand to benefit from wholesale examinations—the public by being forewarned of conditions susceptible to correction in their early stages, the profession by receiving an opportunity to treat the conditions found.

When the doctor speaks to the world or to his wife, plain talk is the best. Too often physicians discuss medical questions with the laity in the same terms they would employ when addressing a professional meeting.

At the trial of Edith Maxwell, 22-year-old mountain school teacher charged with the murder of her father, the star witness for the defense was a young physician who interpreted the autopsy results in so simple and lucid a fashion that his dullest listeners had no trouble following his explanations. Compare this with the courtroom manner of the medical witness who veils his testimony in such a fog of technical terminology that the jury can't decide whether he is aiding the prosecution or the defense.

There is no place for technical abracadabra in the modern doctor's relations with the public. Whether on the witness stand, in the consulting room, or by the bedside, the physician should speak simply and clearly, in everyday language comprehensible to



lay hearers. In that way, the patient won't have to carry a medical dictionary with him every time he goes to his doctor's office.

Remember that to the man in the street a word like paraplegia may mean anything from the French for umbrella to the name of a Greek deity.

JOKERS IN COLLECTION

SCATTERED AMONG the country's ethical collection agencies are an unethical minority whose contracts bulge with as much skulduggery as a quack's hat. The physician who can detect a trick contract may save himself the loss of hundreds of dollars.

Take, for example, the so-called switch agreement. It has made fortunes for several collection companies and works in this way:

The physician signs a contract which, despite a few catch clauses.

is relatively innocuous. At intervals thereafter he receives ruled sheets upon which he is urged to list additional accounts and sign his name. The reverse side of each sheet bears a contract—a lengthy affair printed in such small type that it is seldom read and often passes unnoticed.

If the practitioner thinks of the matter at all, he generally assumes that the contract on the back of the listing sheet is the same as the one he signed originally. In time, of

SERIAL NUMBER	DATE
Continues	
We have this date checked the list of according list is correct to the best of my knowledge in settlement on the following terms and condi-	unts given by us to your representative and find
ceipt in full any account on which the company securived amount due me on same Commission	
	ed provided the total amounts to less than (\$200.00) two hundred dollars.
	ed provided the total amounts to more than (\$200.00) two hundred dollars.
	payments or settlements are made. All money due effent is remitted immediated
	for any accounts that are bankrupt, dead or cannot be located. on, the company surees to settle 80 per cent of the accounts listed under the
agreement, within No days, or to continue their	efforts on these, or any other accounts listed until this amount has been
Claims not in process of adjustment releas	ed in 90 days upon written request.
It is further understood and agreed that I	ounts withdrawm or ordered dropped during process of adjustment. or we are not to accept settlements or payments on any of these accounts with a to the company the day nayment or settlement is made.
other papers for the purpose of settling these	full power and authorization to settle, receipt and endorse any checks, notes accounts
agreed, that no suit shall be filed without not have received settlement in full for my equity	agrees to pay all costs when sults are filed. It is further understood, as Hiying the undersigned, except on notes accepted by the company, on which and cease to be a creditor.
No agent has authority to change the term from debture or cliests. The company will no in. I have read and fully understood the above	s of this contract either verbal or ta writing or to receive or receipt for moni- t be held responsible (or any stipulations or representations not embedied then "I terms and conditions."
The dates, addresses and amounts are corre	ect to the best of my knowledge and ready for your campaign.
Kind of Business	Name of Firm
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This contract was submitted by a reader, and is analyzed on pp. 27-28. The jokers have been underlined.

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CONTRACTS

course, he discovers that contracts have been switched on him. He has signed a new agreement which is legally binding and which gives the agency the privilege of paying clients with its own bonds in lieu of cash. These bonds, dated to mature in thirty years, are practically unmarketable.

Physicians who do not discover the switch until their first bond arrives invariably become indignant. Many demand the return of their accounts. At that the agency points to a clause in the switch contract which states that accounts will be released only upon payment of the regular commission.

Agencies that use switch contracts lose most of their clients in time. However, there are always more prospects; and the amount of cash which can be mulcted from each is so substantial that loss of repeat business means little.

About the only expense such companies have to defray is that of having a few bonds printed and mailed to clients. Will these bonds ever be redeemed? Who knows?

At least three agencies doing a national business have contracts which impose a listing fee of from 50c to \$1 per account. Thus, if a physician lists 100 accounts, he immediately owes the agency between \$50 and \$100. And that sum is deducted from collections before any remittance is made!

The company's next step is usually to telephone: "Doctor, there

Don't sign a collection agency contract without reading it first! Some of the jokers found in fraudulent contracts are spotlighted here so you'll be able to recognize them when you see them.

By Arthur H. Labaree

is some dispute over accounts numbered 6, 18, 19, 32, and 46. Will you please send us itemized bills at once?"

In the rush of practice, the physician may neglect to comply. Whereupon he receives a statement from the agency, reminding him of an overlooked clause in his contract which provides that when itemized bills requested by the agency are not forthcoming within fifteen days, full commission will be charged, just as though the accounts had been collected.

Suppose the physician does submit the itemized bills requested. Calls will then start coming in for itemized bills on additional accounts. They will continue until the client finally slips up or refuses, in disgust, to send the statements required.

Of course, the physician can always demand the return of his accounts. But if he does he'll be billed for the commission due on each as if collected.

Another clause provides that full commission will be charged when an account is submitted with the wrong address. Clerical errors under this arrangement are as costly as they are irrevocable.

One contract seen quite often these days specifies that a fee of

\$7.50 shall be charged when it is deemed necessary by the agency to institute suit. At the time a physician signs one of these agreements he certainly does not contemplate that all patients on his delinquent list will immediately be made defendants in court. Yet that is exactly what happens. In New York, for example, a summons can be served for \$1 and filed for \$2. leaving the agency a net profit of \$4.50 on each case. Regardless of the wishes of the client, everyone on his delinquent list is handed a summons-except, of course, those who pay their bills in full at once.

The ill effect on goodwill can readily be imagined. And there are no cash returns to compensate for the loss of patients which inevitably

results!

Rarely does the physician get any money from one of these agencies. He is more likely to get a bill. Some agencies go so far as to sue doctors who refuse to pay their exorbitant and unfair charges —often obtaining judgments, too!

Perhaps the neatest fraud now being perpetrated is the contract which specifies that the client will receive his share of each account only after it has been collected in full. Since this agreement imposes no charge beyond the ordinary commissions and gives the appearance of being perfectly fair, hundreds of medical men have signed it.

If one of them ever questions the "in full" clause, the salesman replies as follows: "Why, isn't that just what you want? Don't you want each account collected in full?"

Naturally, the prospect does want just that. But it never happens. Purposely, no account of his is ever collected quite in full. So the agency never owes him any money. ca

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If he appeals to an attorney, he will likely be told: "Look at the contract! You signed it; and you're bound by it. The only chance you have to get your money is to find out, if you can, what payments are nearly completed and to pay the

balance yourself." The so-called purchase plan, exposed in MEDICAL ECONOMICS before, is still going strong. It is merely a talking point for the salesman. He announces that he has come to buy all the prospect's delinguent accounts. Some salesmen promise that within ten days the physician will receive a check for all his accounts in full, minus the agency's commission. Others, more conservative, state that the agency will first have to investigate each account and will buy only those that seem to be good risks.

The chance that any account will ever be bought is infinitesimal. No agency is gambling on slow-pays. Therefore, the contract in this case contains a protective clause to the effect that accounts will be purchased only if the debtor furnishes security acceptable to the agency. Of course, no debtor ever does that. He isn't even asked to do so. The vaunted purchase plan is just one more trick to hook the medical man by making him think he will receive a sizeable lump sum in a short time. That is why reputable agencies, if they ever had such a plan, have long since given it up.

Unscrupulous collection companies care nothing about preserving the goodwill of delinquents. They're out for all the money they

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can collect, knowing that their client will never get any of it. Debtors are browbeaten, and in some instances, all but black-jacked into paying. In the end, all the practitioner has to show is a depleted clientele. Word soon gets around of what will happen to anyone who gets on Dr. So-and-So's delinquent list.

For a specific example of a

jokers in the contract Dr. McCown refers to:

1. "I or we assign and sell them to you subject to your discretion in settlement . . ." This one is double-barreled. The phrase, "assign and sell them to you," gives the agency the client's rights, title, and interest in the accounts involved. "Subject to your discretion in settle-

Photos from Biobasic Products



CANDID CAMERA STUDY: "Caught again! Why the devil didn't I read that contract first!"

misleading contract, see the agreement illustrated on page 24. It was received by Medical Economics just last month, together with a letter of protest, from Dr. C. B. McCown, of Aberdeen, Mississippi. "I strongly urge physicians not to sign collection contracts without reading them first," warns Dr. McCown. "By so doing, they can avoid serious entanglements."

Note particularly the following

ment" means that the company can settle an account for any amount it sees fit. If a patient owes \$50, for instance, the agency can take \$5 as full and final settlement.

2. Commissions are computed on either 30% or 25% of the "aggregate amount listed." Immediately upon signing the agreement, therefore, the physician owes the agency 25% or 30% of the total amount of

the accounts he has assigned for collection. Every cent collected goes to the agency until its percentage is taken.

- 3. "The company will not be held responsible for any accounts that are bankrupt, dead, or cannot be located." However, the physician is charged full commission on them.
- 4. "Full commission to be charged on all accounts withdrawn or ordered dropped during process of adjustment." Enough said!
- 6. "I or we are not to accept settlements or payments... without forwarding the full amount of said payment to the company the day payment or settlement is made." And no share of said payments reverts to the client until the agency gets its commission on the aggregate amount of all accounts handed over to it.
- 7. "I hereby give the company jull power and authorization to settle, receipt, and endorse any checks, notes, or other papers for the purpose of settling these accounts." In other words the agency can handle the details in any way it sees fit. Woe to the doctor who grants such sweeping privileges!

Wherein does the agreement of a reputable collection agency differ from the examples cited?

First and foremost, no purchase plan is offered, no listing fees are demanded, and no "extras" are imposed. The only charge is a specified commission on accounts actually collected. No commission is taken when wrong addresses are submitted or when debtors cannot be found or have gone into bankruptcy. Moreover, a client is permitted to withdraw his accounts

without charge after the agency has been given a reasonable time (usually three months) to collect them.

One cause of much complaint has been the physician's inability to obtain reports, either of progress or of failure. The bona fide agreement specifies when he may expect to hear from his agency. One responsible concern specifies that clients will get a report every thirty days. It also contracts to pay all collection expenses. That means that the physician is certain of getting the amounts collected minus only fair commission charges. Its agreement consists almost exclusively of a statement of what the agency agrees to do. The physician merely authorizes the agency to collect for him and to deduct plainly specified commissions amounts realized.

Salesmen for honest agencies are instructed to sign and leave with the client a copy of the agreement. Thus, the latter need never be in doubt as to what he has signed. Representatives of agencies with trick contracts can seldom be induced to leave a duplicate behind.

At least one agency has taken the trouble to have its agreement and all its form letters approved by the committee on medical economics of the local state medical society. Disputes are referred to the committee for adjustment. The agreement binds the agency to abide by the committee's decision.

STATING THAT the absence of health insurance is "the most glaring lack in the Social Security Act," the American Federation of Hosiery Workers has voted to promote enactment of health insurance legislation.

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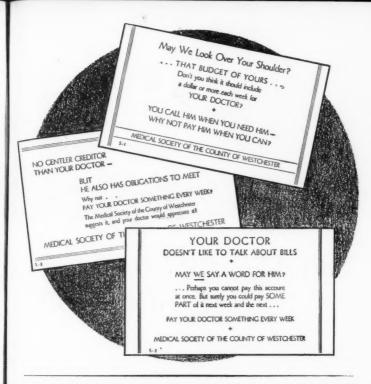
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BILL STUFFERS ENCOURAGE PART PAYMENTS

AMONG SEVERAL collection aids devised by the Medical Society of the County of Westchester, New York, are the bill stuffers shown on this page. These stuffers are intended to encourage part payments on relatively small accounts. The society contends that nearly every physician and certainly every general practitioner has a substantial volume of accounts ranging from \$5 to \$50. On these accounts, it points out, payment is usually de-

layed because the patient has difficulty saving up enough money to settle the debt in one payment and frequently imagines that the doctor would not wish to be bothered with a number of small payments on account. The stuffers illustrated have worked successfully to correct that misapprehension. They have broken the jam in numerous cases by suggesting that small weekly payments are both acceptable and welcome to the doctor.

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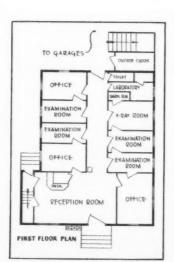
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LHE SOUTHWEST SETS AN EXAMPLE



DR. EDWIN L. RIPPY, Dallas, Texas, internist, wanted an up-to-date office. He wanted living quarters upstairs and space downstairs for several other physicians whose rents would help defray building and upkeep costs. How he satisfied that want is revealed in the accompanying illustrations.

The architecture and interior furnishings of the building follow the so-called contemporary style. They are designed to appeal to patients without being unduly imposing.

The three medical offices downstairs embrace some ten rooms in all, as shown in the floor plan. Dr. Rippy occupies one of the offices himself, a pediatrician has the second, and the third is rented by

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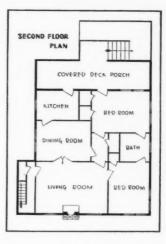
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an obstetrician-gynecologist. Equipment is thoroughly modern, including x-ray, basal metabolism, ultraviolet, and electro-cardiographic apparatus.

Five rooms and a large deck porch comprise the upstairs apartment. It is so arranged that it can be converted into an office at slight expense if the need arises.

The location of the building was chosen with considerable fore-thought, as evidenced by the fact that it is easily accessible to the residential district, yet it is only five minutes from downtown Dallas by automobile. For the convenience of patients, it is on a main thoroughfare and streetcar line. There are half a dozen clinics and hospitals within as many blocks.

The lot, building, garages, and improvements (not including equipment) cost \$18,000 altogether.



This modern doctor's building is an investment for its owner. He rents two first-floor offices to other doctors, uses the third himself, and lives upstairs.



State medicine nears

PART IV — PENDING LEGISLATION BY WILLIAM ALAN BICHARDSON

COMPULSORY HEALTH INSURANCE bills have been introduced so far this year in three states—Pennsylvania, New York, and Massachusetts—as well as in the United States Senate.

House bill 622 (Penna.), Assembly bill 926 (N. Y.), House bills 383 and 1489 (Mass.), and S.855 (U. S. Senate) are all outgrowths, apparently, of the so-called "Model Health Insurance Bill." The latter measure, known also as the "Epstein Bill," was prepared in the fall of 1934 by Professor Herman A. Gray, of New York University, and promoted by the American Association for Social Security through the efforts of its bustling secretary, Abraham Epstein.*

None of the three state bills mentioned is likely to be passed this year, it has been learned on good authority. Nor will S.855 be approved by Congress at the present session, according to Senator Arthur Capper, of Kansas, who introduced the bill. "I doubt very much if the bill will even be considered at this time in the Senate," he told Medical Economics last month in an exclusive interview.

S.855 was referred to the Senate

Finance Committee in January, and is evidently doing no more than mark time. The clerk of the committee informed Medical Economics that thus far this session no one has made an attempt even to call hearings on the pending measure, although several groups such as the American Railway Association have asked to be notified should any action be contemplated either by Senator Capper or by members of the committee.

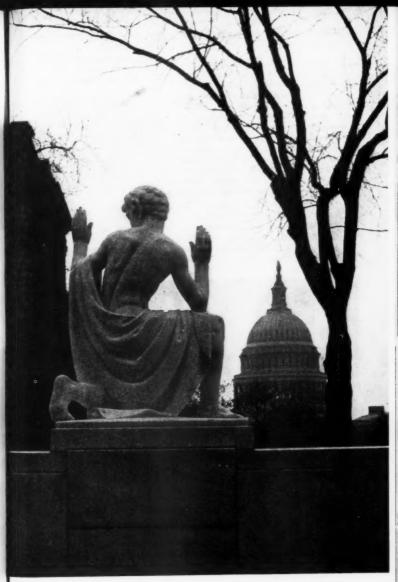
S.855 is essentially a "courtesy bill." It was introduced by the Sunflower State senator at Abraham Epstein's request. The senator himself has no particular interest in it beyond having presented it to Congress.

According to Congressional procedure, if the measure is not pushed either at this session or at the next session, it will die with the close of the 75th Congress in 1938 and must be reintroduced if the promulgators expect any action.

S.855 was presented in the Senate on January 15, 1937. The news was reported in the following issue of Medical Economics. Since that time the editors have been requested to publish the highlights of the bill. The full-length document consumes 36 pages in all and is almost 8,000 words long. Extracts

^{*}See "Unmasking the 'Model Health Insurance Bill." MEDICAL ECONOMICS, February, 1935.

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Puck: "What fools these mortals be!"

R. I. Nesmith

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follow, covering major points of interest to physicians:

Definitions: "Board" means the Federal Health Insurance Board. "State authority" means the agency charged with the administration of a state system of health insurance. "Fund" means the health insurance fund established by a state. "Employee" means any person in an employment as defined by this act, except non-manual workers receiving in excess of \$60 per week. "Employment" shall include any occupation except that of farm laborers and domestic servants.

The fund out of which benefits are paid is maintained by contributions equal to at least 6% of the total of all wages paid to employees. One quarter of such contributions shall be made by the state. The other three quarters

may be divided between employers and employees.

Cash benefits shall be paid to an employee for loss due to disability. Cash maternity benefits shall also be paid.

Medical benefits, provided for employees and their dependents, shall consist of not less than—

- 1. The service of a physician in general practice at the office, home, hospital, or elsewhere, in preventive, diagnostic, and therapeutic treatment and care, which shall include immunizations and periodic physical examinations.
- General and special hospital treatment and care, which shall include nursing and the other usual hospital services.
- 3. Prenatal and maternity treatment and care.



Senator Capper (left) & Chum
"I doubt if the bill will even be considered."

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4. The services of a surgeon, diagnostician, medical, or other specialist.

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6. The services of a dentist.

Provision for voluntary insurance shall be made as follows: Every person in an employment not within the definition of this act, whose wages are \$60 a week or less, shall be entitled voluntarily to secure the cash, maternity, and medical benefits provided by regularly contributing to the fund. The state shall pay into the fund amounts equal to one third of all sums paid into the fund by persons securing voluntary cash, maternity, and/or medical benefits.

The system shall be administered by a central state department through a system of local bureaus. It shall have one or more state and local advisory councils.

Any one of the following modes may be adopted for remunerating physicians and dentists in general practice—

1. A salary system;

 A per capita system whereunder payment will be based on the number of persons entitled to medical benefits included in the practitioner's lists;

3. A fee system whereunder payment will be based on the extent and character of the treatment given and services rendered by the practitioner to persons entitled to medical ben-fits; and

 Any combination or modification of the systems hereinabove stipulated.

No mode of remunerating physicians and dentists in general practice shall be adopted for any local area within the state without the consent of a majority of such physicians or such dentists, respectively, in that locality who have agreed to furnish medical benefits under the system. Every duly qualified physician and dentist engaged in general practice in the state.

who so desires, shall have the right to be included in the list of those furnishing medical benefits.

Every person entitled to medical benefits shall have the right to select the physician engaged in general practice by whom he wishes to be attended, from the list of such practitioners prepared and published for any local area in the state, irrespective of the local area in which such person may reside or be employed, subject to the consent of the practitioner so selected, and the right at any time to change the selection so made on such notice as the state authority may prescribe.

Controversies with respect to the remuneration of those furnishing the medical benefits or the adequacy, quality, and extent of the medical benefits shall be determined by a local public officer.

The administration of the cash and maternity benefits shall, so far as it is practicable, be kept separate and apart from the administration of the medical benefits.

There is hereby authorized to be appropriated annually the sum of \$200,000,000, to be apportioned among the states to aid them in maintaining adequate systems of health insurance. The board shall examine each state system of health insurance and shall approve those which conform to its provisions.

This act shall be administered by a Federal Health Insurance Board, composed of a Director of Health Insurance, who shall be the chairman thereof, and two members appointed by the President.

There is hereby created a federal advisory council of twelve members to be appointed by the President. Three of the appointees shall be representative of employers, three shall be representative of employees, three shall be representative of the professions engaged in furnishing medical service, and three shall be representative of the public.

Big results with small fry

Handling child patients is far from an unfathomable art. Yet it does involve a technic in which originality, tolerance, and a sense of humor are paramount.

Winning the confidence of a new child patient should begin before he meets the physician in person. To that end, my waiting room offers a bunny-rocker, a shelf of linen picture-books, stuffed animals (the kind that can be cleaned), blocks, an old typewriter, a ball, and a kiddie car. Strange to say, the typewriter leads all other objects on the toy shelf in popularity. It seems to appeal to toddlers and school children alike.

Youngsters loathe being rushed. I instruct my nurse to let them wander around the waiting room at will and approach her entirely of their own volition.

I often leave the door of my consultation room open so they can peek in and see me before they are brought in. This tends to remove fear and intrigues their curiosity. Frequently one of them will walk in by himself and say "hello" if I don't appear to notice him. I always let a child take the initiative at the time of his first visit. For that reason, I have no hard and fast rules of procedure.

Parents and relatives generally

You've got to have what it takes to make children behave themselves and like it. Dr. Wilkes, pediatrist and executive officer of the Medical Society of New Jersey, discloses his own private formula for getting results.

By LeRoy A. Wilkes, M.D.

have to be asked not to hurry the child. Otherwise, out of respect for the value of my time, they may attempt to rush things, thereby creating a barrier between me and the patient.

If a youngster will not cooperate voluntarily when he first visits the office, I do nothing professionally at that time. Confidence is retained by requesting his parents to return with him at a later date. I make no charge for such preliminary visits, believing it worthwhile to have a child leave the office feeling that I am his friend and confidant.

While it is proper at times to conceal one's real purpose from a young patient, I don't believe he should ever be hoodwinked. Children never forgive deceit. If momentary pain is inevitable, explain frankly that the treatment will hurt a little. But smile and be sure to tell your patient how brave he is. If he cries, let him know you

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I never allow parents to give directions to a child while he is in the office. It is confusing, since I am the one who is supposed to be in charge.

Parents are generally addressed via the child. For instance, I must say, "Tell your mother, Johnny, that she must put you to bed at seven and get you up at seven for a nice breakfast-a glass of orange juice, a saucer of cooked cereal, a glass of milk, and some toast. I want you to see that she does those things and to report to me next Monday afternoon at two o'clock." Parents understand such messages. Furthermore, I can often state an unpleasant truth to them in that way without giving offense, provided it is accompanied by a smile in which Johnny usually joins.

Ordinarily, I don't believe in giving presents to children until the close of a consultation—unless the present is first used as a device to win the cooperation of the child. Balloons happen to be my particular device. Not only are they highly acceptable, but they are also inexpensive. They usually burst before the time of the next visit so that the patient is eager to earn another one. Quite a number of balloons can be carried in one's coat pocket for home visits. Children cannot injure themselves with them, and they can be washed frequently. I always get the kind, of course, with fast colors.

A crying child will usually stop if a balloon is inflated and thrown high into the air. It diverts his attention; and, while he is watching it descend, you can listen to his breath sounds and heart with your stethoscope.

Birthday greeting cards are always greatly appreciated—doubly so, I find, when a few words of congratulation are added in longhand. My secretary prepares a birthday card at the time the child's preliminary history is taken. The card is then placed in a follow-up file so that it may be withdrawn and mailed a day or two in advance. The physician who takes time to send out such cards is certain to be credited with a remarkable memory as well as with thoughtfulness.

When some special dish is advised, I find it helps a great deal to demonstrate how it should be cooked and served. A child who has always refused eggs, for example, may enjoy one which he has seen his doctor cook.

Incidentally, a friendly greeting at each call will insure cooperation from nursemaids and servants who might otherwise be reluctant to carry out new or unusual orders



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involving them. They often respond to the flattery of a direct appeal for help. But the physician must make it plain that there is no question in his mind about their willingness to further his efforts to improve the child's health.

Grandparents and other relatives are equally likely to respond to a friendly plea for assistance. I usually find out and approve some harmless procedure favored by one of them, such as "placing a wet handkerchief on the forehead when Johnny has a fever." I win their confidence by cautioning them always to "Do that and then call me. Don't let a soul do anything else until I arrive." That forestalls other well-intentioned but meddlesome efforts.

I can't over-emphasize the importance of having a nurse in the office who will handle children with the proper degree of tact and friendliness. It has been my good fortune to have office assistants who are extremely popular with my child patients. On several occasions youngsters have even faked a complaint in order to be brought to the office to visit with the nurse.

For refractory children, a certain amount of play-acting may be necessary. I recall one young miss who would not allow me to examine her with my stethoscope until I had carefully undressed her rather large doll and given it a complete physical examination. After that, "mother" submitted without protest to an equally thorough check-up.

Another convincing performance with which to win confidence in extreme cases is to give yourself a hypodermic injection (using sterile water) before administering similar treatment to a child for the first time. It helps to say "Ouch!" as a warning and to follow that with a laugh for reassurance. I have "vaccinated" myself many times, too, and have taken my own medicine, literally, more than once. This sort of thing proves that you are asking your small patient to submit to or take something which you yourself do not mind. The effect is often instantaneous.

HIGHWAY FIRST AID

(Continued)

A NUMBER of physicians have accepted MEDICAL ECONOMICS' invitation to render their opinions on the American Red Cross plan to establish first-aid depots in gasoline filling stations along the nation's highways. Adverse comment by several men was published last month. Following are excerpts from letters supporting the project:

CARROLLTON, KENTUCKY—Since filling stations are more widely distributed than any other business units, are open to the public for longer hours, and are usually in operation on Sundays and holidays when most accidents occur, they constitute logical links in a chain of first-aid depots.

ALLENTOWN, PENNSYLVANIA—It is a humane act to establish first-aid depots wherever possible in gas stations. Even cursory instruction and training given to employees of such places will be of inestimable aid in saving life and conserving injuries until a physician is sum-

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Abe the ling moned or until the victim can be rushed to a hospital. Most filling stations have telephones. In the event of an accident, attendants can call instantly for medical aid.

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As things are now, we cannot ordain that we will be Johnny-on-thespot when accidents occur, nor can we arrange to have them take place in front of our offices. Therefore, if a fundamental precept of our profession—saving life—is to be followed, by all means let first-aid depots be established along all our highways.

Lancaster, Pennsylvania—What proportion of automobile accident deaths are due, not to outright death, but to the hemorrhage which is not stopped; to the simple fracture made compound through mishandling without emergency traction-type splints; or to a traumatic shock condition ignored in

the hubbub of discovering who is to blame for the accident? Proper emergency treatment can transfer many such cases to the credit side of the ledger.

Opponents of the idea may argue that gas stations are not staffed with people who can be taught to fill the role of first-aiders. However, most of our municipal fire and police departments attest to the fact that it is possible to train that type of layman in first-aid fundamentals. I have seen firemen apply Thomas splints most efficiently and in a minimum of time.

The point may be brought out that patients would court danger because, when suffering minor cuts they might accept treatment at firstaid depots as final. That point doesn't hold water. Such victims would eventually wend their way to the family doctor for diagnosis of their injury.



About 650 Red Cross mobile units have been put into service to supplement the cordon of over 1400 stationary first-aid posts on U. S. highways. Patrolling trailers (see above) and trucks equipped with modern first-aid kits and at least one stretcher render free service to auto accident victims.



EDITORIAL

PAUPERS ON THE MOVE

Each month heralds new cuts in home medical relief. Many former recipients of such aid are still out of work. Of those who have found jobs, the majority earn barely enough for the routine necessities of life. How will medical care be provided for this huge group as more and more communities terminate emergency relief?

There are always the hospitals, of course. But even at the peak of home medical relief, wards and dispensaries were badly crowded. Today's overburdened institutions can scarcely assume the care of thousands more.

From the viewpoint of the taxpayer, both economy and efficiency argue against the transfer of domiciliary cases to hospitals. Per capita costs are necessarily high in institutions, since a complicated routine must be observed. It is cheaper to treat simple diseases at home or in the practitioner's office.

Under conditions of gross overcrowding, it is obviously impossible to maintain high standards of service. Moreover, the usurpation of ward and dispensary facilities by former relief patients would curtail the service available to those who really require institutional care.

In a nationwide survey conducted not long ago by Fortune, 74% of those interrogated gave an affirmative answer to the question, "Do you believe that the government should provide free medical and dental care at

the expense of the taxpayer for those who can not pay?" With public opinion acquiescing in the need, there is no excuse for delaying the provision of medical care for the indigent on a sound, permanent basis, with fair compensation "for professional services rendered."

This is no argument for compulsory health insurance. Quite the contrary. Compulsory health insurance fails completely to provide for the unemployed and the unemployable, who are most in need of aid.

Emergency medical relief has proven an effective and comparatively inexpensive way of caring for the needy sick. It has given general satisfaction to patients, physicians, and taxpayers. Without this source of income, many medical men during recent years could not have kept their heads above water.

State payment for medical service to the indigent is sometimes opposed on the ground that it might prove an entering wedge for socialized medicine. Such argument ignores realities. Pauperism has reached enormous proportions since the depression. Physicians can not furnish free care to so large a group without risking grave financial disequilibrium. Far from paving the way for state medicine, a medical service program which recognized that the needy sick are a charge on the entire community would serve to reinforce private practice.

It is up to the profession to take the initiative and press for such a program. If it stands by passively and waits for things to happen, it must expect to be victimized by the proposals of more aggressive groups.

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BY E. F. D. OWEN, M. D.

TRISTAN'S



THE NEAREST HOSPITAL is almost 2000 miles away. He doesn't own a telephone or a car. In fact, he isn't even an M.D. Yet he has 169 patients, and they're all doing well.

Before I tell you about Father Wilde, however, let me paint a word picture of the island on which he lives.

Tristan da Cunha is the largest of a group of three volcanic islets lying in the South Atlantic about midway between Cape Town and Buenos Aires. Twenty-one miles in circumference at sea level, it rises abruptly more than a mile out of the ocean. To the northwest, 100 feet or so above sea level, there is a flat plateau about two miles long

and a quarter mile wide. On it stands the settlement known as Edinburgh.

Tristan da Cunha was discovered in 1506 by the Portugese sailor of the same name. It was not inhabited, however, until 1816. At that time it was annexed by the British Crown and a garrison was sent to forestall possible attempts by the French to use it as a base for an expedition to rescue Napoleon from St. Helena. After a few months the garrison was removed. Only a corporal, his wife and two children, and two other men were left behind to take charge of the cattle and stores.

Soon new arrivals came from St.

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PBACTICAL DOCTOR"

Helena—a few Englishmen, an American, two Italians, and a Dutchman. In response to a request for women, the captain of a sailing ship imported some negresses, also from St. Helena. After that, little new blood entered the island.

Owing to Tristan da Cunha's position-well above the Southern great-circle shipping track-vessels rarely call at it more than once a vear. These infrequent visits are the islanders' sole contact with the outside world.

Perhaps the most remarkable thing about Father Wilde is that he is not a reformer. On the other hand, he is the driving force behind most of the activity on the island.

He was sent to Tristan about three years ago by the British and Foreign Gospel Society, and will probably be replaced before long by another missionary, since the island is more or less of a "proving ground" for those to whom the society will give less rigorous posts on their return to England.

As a representative of the High Church of England (Episcopal), Father Wilde wears the traditional cassock and biretta (usually somewhat the worse for wear by the time he receives new ones). He is about 45 years old, rather short, clean-shaven, and with closely cropped gray hair. His home is in Chester, England, not far from Liverpool.

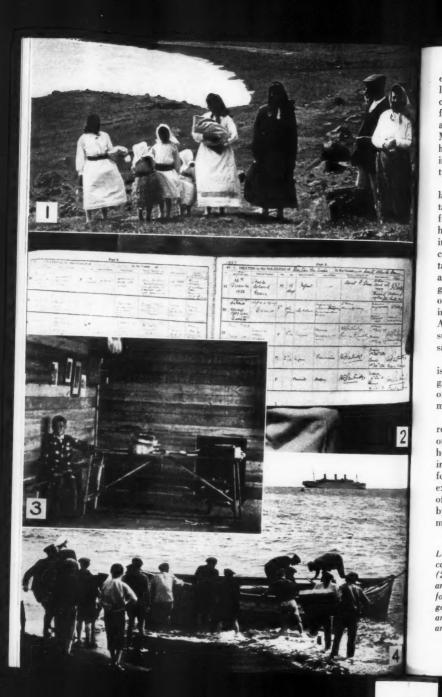
Most of the men sent to Tristan da Cunha by the British and For-

If you wanted to get away from it all, you could scarcely find a more remote spot than the island of Tristan da Cunha. Only about once a year does a ship call at this tiny speck in the South Atlantic. The last steamer to put in there lay at anchor while Ship's Surgeon Owen, of the "Empress of Australia," undertook a medical inspection for the British Colonial Office and became acquainted with the head of the island. We give you Father Wilde-doctor, dentist, teacher, pastor, and leader extraordinary

The arrow (below) points to Father Wilde. He is coming aboutd to visit the author who stands at the head of the gangway. At the base of the cliffs (opposite page) perch the huts of the settlers. The mountain rises above them into the clouds.



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eign Gospel Society have had a little preparatory work in medicine. Father Wilde's predecessor, for example, spent several months at the University of Edinburgh Medical School, in Scotland, where he received some practical training in handling simple types of casualty cases.

The padre's cottage on the island, like most of the other cottages, is built of stone obtained from the side of the mountain. It has a thatched roof and wood-lined interior. On one wall is a medical cupboard in which are kept quinine tablets, aspirin, iodine, a few packages of bandages, cotton wool, and gauze. Surgical equipment consists of a pair of scissors, a rusty dressing forceps, and a dental forceps. As might be expected, an abundant supply of castor oil and epsom salts is also maintained.

No lavatory system exists on the island, the open ground being used generally. Yet there are no signs of human excreta about the settlement.

Even if Father Wilde were a regular physician, practicing without benefit of the mission society, he would still waste no time sending bills or charging his patients for service, since money does not exist on the island. What exchanges of goods do take place are effected by means of barter. Life, for the most part is communal; everyone

Left: (1) Tristan's 169 inhabitants call the woman in black "chief." (2) Most of the deaths reported are from old age. (3) Meeting place for parliament, pupils, and partygoers. (4) The "Empress" lies at anchor while forty tons of stores are unloaded.

must do a share of the public work.

Midwifery is in charge of a woman who learned it from her mother, who, in turn, learned it from her mother. It has thus become pretty much of a family affair. The present midwife has trained her two daughters to carry on after her, too.

No ante-natal examinations are made; no antiseptics are used. A number of babies have been born dead, and a good number have died in infancy. Yet it is the island's proud boast that no mother has ever died in childbirth. Most births are vertex presentations, and all infants are breast-fed.

In addition to his regular duties as parson, doctor, dentist, and schoolmaster, Father Wilde serves as chairman of the local "parliament." Other members of this body are the "chief" (at present, a woman) and a number of popularly elected elders. "Parliament" meets every Saturday night to confer on its job of governing the people. The meeting place is a so-called public hall, which is used also as a schoolroom and for parties.

No sirloin steaks are the lot of the guardian of the islanders' health. The padre's diet consists principally of milk, potatoes, vegetables, and fish. During the nesting season, penguin and albatross eggs are found and devoured by the natives in great numbers. The latter are also fond of sweets, but sugar is a rarity. Alcohol is not taken in any form.

Apart from what they can grow or catch, the inhabitants of the island must rely solely on the ships that call there at long intervals. On my last call there, we discharged forty tons of stores, including food, clothing, and equipment. We also delivered a number of sacks of flour—perhaps the greatest luxury on the island—sent out as a gift from the King.

During the past decade, normally abundant crops of potatoes and other vegetables have been seriously threatened by hoards of great rats. The progenitors of these rats swam ashore many years ago from a wrecked sailing vessel. Their offsprings have increased and multiplied so rapidly, in spite of everything that has been done to exterminate them, that there is now some possibility of the island having to be abandoned.

Without doubt, if the natives were transported to a populated area, they would succumb to every infection that came their way. One young man of 28 left Tristan five years ago and settled in Cape Town. Within two months he had contracted measles; within six months, scarlet fever. Moreover, during his first two years away, he suffered repeated colds.

Health is excellent, however,

among those who stay home. Very seldom does a young person become ill. Then the malady is usually a minor one.

Long life is the rule. The last two people to die prior to my visit were 86 and 95 years old. Colds are rare, but an epidemic of them often occurs after a ship's visit. No infectious diseases seem to have occurred. No conditions resembling tuberculosis or venereal disease are known.

Nor has continual intermarrying brought about any marked mental or physical degeneracy. Only one case of congenital abnormality was found—a man of 64 with absence of the forearms and malformation of the humeri.

Despite its rather grim, forbidding appearance, Tristan da Cunha holds a strange fascination for the visitor there. Much as Father Wildemay long now and then to be back in England, it won't surprise me if he experiences some real pangs of remorse when the time comes for him to begin his 5,000-mile journey home.



The padre's cottage, like this one, isn't much to look at; but it's home.

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An insurance program for the physician

The first in a series of letters to a young doctor, explaining what the well-rounded insurance portfolio should contain.

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Congratulations! It's good to know that you've completed your internship. gotten married, and hung out your shingle. I hope you're on your way to even bigger things than your dad has accomplished during his thirty-odd years in practice—if that's possible.

Speaking of your dad, I'm both complimented and gratified that he asked you to write to me for some advice in lining up your insurance program. His ambitions for you are praiseworthy, and I'm glad to be of help.

Outlining even the essentials of a complete insurance set-up will consume quite a few words, of course. So instead of writing you one long letter on the subject, I shall dictate several short ones. That will make the doses smaller and more easy to absorb.

Before I begin I should point out that my suggestions will not always jibe with those you have heard in the past. Why? Because they are made with your particular interests in mind and not for the benefit of some agent or company. I have no axe to grind, so I can speak candidly and without bias. But enough of these preliminaries! Suppose we now discuss the various types of insurance you'll need.

Take personal accident insurance first. Its importance stems from the fact that medicine is a one-man business. When you're hurt there's no one to carry on for you. Income ceases; yet overhead goes on. And physicians, for some reason, seem to get battered and bruised more than any other whitecollar group.

Accident insurance, if judiciously bought, will pay you a monthly income, without time limit, for any injury sustained. Get yourself a \$200 monthly accident indemnity policy with the minimum death benefit. It will cost in the vicinity of \$21 a year.

Don't pay fancy prices for frills. Continuous income is your real need. Contracts that pay double and triple for special types of accidents that rarely happen are a needless extravagance.

Buy the kind of accident policy that pays no income for the first week after an injury. It costs substantially less and is better suited to your purpose.

Increase the amount of your ac-

cident insurance as your income and overhead grow. Keep the amount at least equal to your combined domestic and professional expenses.

If at first you can not afford as much accident insurance as you need (the kind that covers all accidents), supplement your \$21 policy with a special automobile accident policy for \$6. This is not as good, of course, as the broad contract, but it is considerably cheaper and will give protection against one of the outstanding hazards which you as a doctor must face. The policy pays \$25 a week, plus \$1,000 cash in the event of death. It may be dropped as soon as you are able to increase your regular insurance covering all accidents.

You're wondering, no doubt, why I haven't mentioned health insurance along with the accident. If you were in your forties, I'd urge it vigorously. But you're only thirty. For the next ten years you can well afford to gamble against the chance of any real sickness. Barring an appendectomy, a case of "flu," or a tonsillectomy, you have, on the average, a much better than even chance of not becoming seriously ill. You've told me your budget is limited; you can't yet buy all the insurance you need. So here is one place you can well cut a corner.

When you do get ready to buy health insurance, avoid, above all, the alluring, catchpenny offers that will come your way. A number of companies, in the Midwest especially, offer impossibly liberal benefits for absurdly low premiums.

The kind of health insurance to buy does not require house confinement. It excludes no diseases. It does not promise to pay for so many weeks or months "in the aggregate." And it can be bought only in conjunction with an equal or greater amount of accident insurance.

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The average health insurance policy pays for but one year. By shopping around, however, you can get a contract that pays for two years. It will cost you about \$32 a year for each \$100 of monthly income.

When it comes to choosing a particular company, select one that is licensed in your state. Make sure, too, that it is old and seasoned, and that it shows a generous ratio of surplus to liabilities. Size is one of the last yardsticks to use.

Health and accident policies are often tricky in their provisions. Always get a sample policy first. Read it forwards and backwards, giving special attention to what appears in small type toward the back. If, when a claim is made, the benefits do not turn out to be what you thought they'd be, nothing can be done about it. What's in the policy stands; and every word means what it says, as it says it.

Apropos of the point just made, if you should go into a surgical specialty later, be sure you understand the benefits your accident contract provides. If you do, you won't suffer the disappointment and disillusionment so many surgeons have suffered before you.

Accident insurance, as sold today, does not meet the specialized needs of the surgeon. The surgeon works with his hands. Ankylose a couple of his fingers, and he's finished. What he needs is protection against permanent manual disability which prevents his operating. Generally, he thinks his accident insurance affords such protection. But let him read his policy. It defines his duties not as those of a surgeon alone but as those of a physician and surgeon. In other words, if he can no longer do surgery, he is expected to take up the duties of a physician (even though he may be quite unfitted for it,

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having devoted most of his life to operating).

I bring up this point merely so you'll be sure to read your policy and not expect benefits it does not provide.

In my next letter I'll explain the principal ins and outs of life insurance. Meanwhile, if you have any questions about what I've discussed here, let me know.

> Sincerely, W. CLIFFORD KLENK.

MICKEY MOUSE IN HOSPITAL ROLE

To HELP children bear up while undergoing treatment for burns, this specially designed room was completed recently for the pediatric department of the Cincinnati General Hospital. Its tubs are of pastel shades, blending with the grayish-rose marble which lines the walls to a height of six feet. A made-to-order electric kaleidoscope projects constantly-changing, colored designs on the upper walls and ceiling. Water toys—ships, ducks, fish,—help to banish monotony, gloom, and pain. Cut-outs appliquéd to the walls above the marble lining portray familiar birds and animals and Walt Disney's ever-popular Mickey and Minnie Mouse.



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Help for office hunters

Planning to move? Then maybe we can save you some of the headaches common to office hunting. What follows is based on an analysis of physicians' offices throughout the country.

Many medical men think there's no place like home for the office. Others prefer locating in apartment houses, in commercial office buildings, over stores, in large professional arts buildings, and in small medical buildings designed for two practitioners or more.

What are the advantages of the different types of buildings? The

disadvantages?

Must the low expense of one be sacrificed to the privacy and convenience of another? Or can thrift, privacy, and convenience be combined under one roof?

Which types appeal most to patients? Is accessibility an important feature? What about the prestige an office affords?

In an effort to define these problems and thus to save the time and temper of the busy practitioner, we've written a number of men in representative communities from coast to coast. We've also gone visiting. Here are the results...

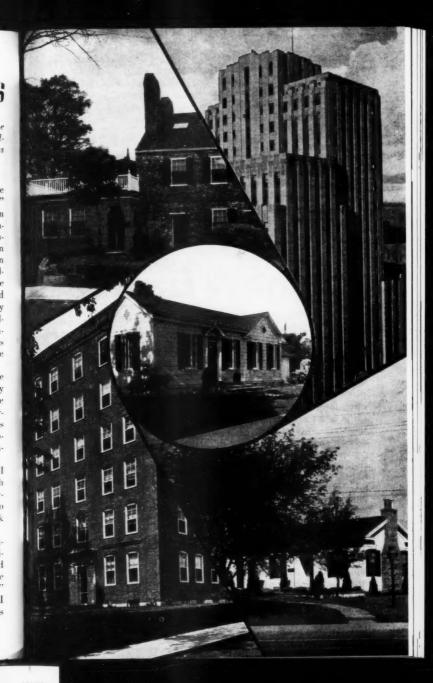
Without doubt the most favored type of building is the doctor's own home. Even in large cities where the tendency is to practice outside the home, a considerable number of men still cling to their homeoffices. City life being what it is, this usually means one or more rooms in an apartment, a house in a row, or a semi-detached house.

"A home-office is the only place for a man in general practice," writes one practitioner. He lives in a residential section about ten minutes' ride from the business district of a large railroad center in the Middle West. "A lot of men here tried locating in office buildings but gave it up because of the expense. I have no extra light and telephone bills, and the cost of my combined home and office-including taxes, upkeep, and initial investment-is still considerably less than the cost of a house plus the rent of a separate office.

"I save time, too. It doesn't take me half an hour to get from my house to my office. Nor do I have any lost calls. When I'm out during the day my secretary takes calls, and at night when I'm absent a member of the family answers the phone.

"Patients from downtown as well as from other sections can reach me easily. There's good bus service, plus a railroad station not two blocks away. And they can park here better than downtown."

This doctor's office is in an annex to his home. It permits maximum privacy from his family and for his family. "There's only one door from my office to my house." he writes, "and it's kept shut. I don't believe in making a doctor's



family hold its breath and walk on tiptoe. Nor would I expect my patients to inhale the smells of cooking or listen to children shouting or to the maid pushing the vacuum cleaner around.

"Like all doctors, I'm interrupted, of course. Once the bell rang just as I was about to make six spades, doubled, vulnerable. But the night light burning outside my door when I was a young man brought me an emergency case that was the start of my practice, and I still keep it going. Being available at all times helps tremendously in building and holding a practice."

Many specialists as well as general men endorse this Middle Westerner's statement.

An apartment converted into an office is "informal, like a home, but it has privacy and ease not usually found in the home-office," says a gynecologist on the West Coast. This man moved into his present apartment office ten years ago, and plans to remain there, believing it ideal for his particular specialty. He is in a large city, in a residential section of private homes and modern apartments.

Says he: "The rent is not excessive, considering the neighborhood and the nature of my practice. Furthermore, I have a great many advantages.

"An apartment, with its several rooms suitable for waiting, consulting, and examining, makes a highly convenient office for almost any physician. The kitchen, with sink, cupboard, and refrigerator, can be turned into a laboratory; and I use my closets for storage places. The bathroom is a particular blessing.

"As I recall, very few alterations were needed—a mantelpiece torn out and a sink put in—and the landlord made them without charge. Though I wasn't signing a long-term lease, he apparently figured I would stay for a considerable period of time and be a desirable tenant.

"An apartment invites attractive furnishings, and I took considerable pains with mine. Now I find that the carefully chosen rugs, curtains, pictures, chairs, and tables all add to my status in the community.

"Other specialists I know—pediatricians, neurologists, and a few ophthalmologists—who likewise need a minimum of equipment and wish to create a homelike atmosphere, say they find the apartment an excellent solution to their office problem.

"Communication after hours is maintained by an extension to the house switchboard. I throw a key when I leave which diverts calls there; the girl takes them, getting in touch with me if necessary. I used to have an extra listing-if no answer, call such and such a number'-but I find that the house service, though somewhat costlier. is more satisfactory. A man I know with an apartment office like mine. living in the suburbs, has three numbers listed-his office, his home in the suburbs, and his secretary's home here in the city."

Apartments in less exclusive neighborhoods than the one described are naturally less expensive, as are apartments in houses on side streets. All doctors with offices in apartment houses speak of the inevitable gravitation of patients from the building. A disad-

"THERE'S THE BEST ASSISTANT
I HAVE, DOCTOR . . . "

THE BURDICK MAGNETHERM

"Why? Think of what I can do with it: In the course of a day, the Magnetherm enables me to relieve the pain in sprains . . . conize a cervix bloodlessly . . . increase the circulation in arthritis . . . remove biopsy or tumor tissue . . . decrease congestion in chest conditions . . . and any number of diathermy and electrosurgery procedures."

The Magnetherm is a powerful, economical and sturdy unit which provides short wave diathermy by electromagnetic induction and long wave diathermy for clean, sparkless electrosurgery and internal electrode application.

The Magnetherm enables the general practitioner to treat in the office many cases which previously he had to refer. It is also sufficiently portable to be taken to the bedside. Because of the low cost and easy terms the Magnetherm is an investment in any practice.

USE THIS
COUPON TO OBTAIN
FREE SYMPOSIUM
ON THE USE OF
SHORT WAVE IN
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vantage mentioned occasionally is that an apartment is dark and lights must be burned all day.

A location in a commercial office building or over a store is usually chosen when a man plans to build a practice in a business or industrial section. In one large industrial city in the East, most general practitioners and specialists in the business section major in industrial and compensation work, since factories and insurance companies are both near. Many of the men have only one office, with no additional office at home.

Downtown locations are imperative in a sprawling city where a good practice cannot be built up in the sparsely and unevenly populated residential sections. A general practitioner in such a city in the East, whose office is on an upper floor of a large commercial office building, remarks: "At first I wondered if people would come downtown to see me. My surroundings seemed unprofessional, dark, noisy, and bustling. But people did come and continued to come, in spite of limited parking facilities down here, too. It would seem that a patient who likes you will hunt you up no matter where you are.

"As for communication after hours, we usually have separate listings. Some buildings have an all-night switchboard service which is also satisfactory. Alterations are made free or at a minimum charge and there aren't so many as you'd suppose."

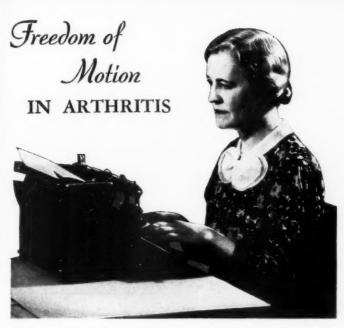
Needless to say, an office building that is down-at-the-heel or poorly kept, or an office over a store where the surroundings do not suggest care, adds scant luster to the man who occupies it. Locations of this sort, however, must sometimes suffice as stepping-stones. In buildings where there is no elevator, patients object frequently to climbing stairs.

The large professional arts building in a carefully selected location offers undoubted convenience, accessibility, and éclat to the physician who can afford to pay the high rent.

"A man should have a large practice before moving in." cautions an ear, nose, and throat specialist who has practiced for the past seven years in a professional building in Philadelphia. "Random patients are rare, and the overhead is high. Tenants are usually specialists who require the best in service and offices, and are able to pay for them. The switchboard is operated night and day, repairs made, and the daily cleaning attended to. The offices are carefully planned for a physician's use. with all necessary plumbing and electrical outlets. Downstairs here there's a pharmacy, and on an upper floor a diagnostic laboratory. One of the great advantages to location in a professional building is the nearness of other men with whom to consult."

A professional building in one county seat in the East lists as tenants some forty specialists, a number of general practitioners, and a dozen dentists. Two or three men use the same office at different hours during the day, thus cutting the rent appreciably. (This is done in many professional buildings.) Equipment is excellent. There is a small hospital. And a switchboard provides continuous service.

[TURN THE PAGE]



THE measure of successful antiarthritic medication is relief of the debilitating symptoms of pain, swelling and immobility.

As soon as the patient is able to move about easily he is in a better position to co-operate during further treatment.

The clinical results obtained in private practice and hospital clinics over the past nine years, as published in the literature, have given FARASTAN a unique position in the therapy of arthritic, rheumatoid and neuritic conditions.

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Each 33/4 grains - 48 to the box.

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The physicians in this building form a compact group both socially and professionally, and referrals are frequent. Because of their distinctive location, the cream of the practice for miles around is attracted. Not one of the men was hit by the depression. Rents are high and there is a long waiting list. The building was put up by a physician and operated originally by him.

Similar to the professional building but less formal and less expensive is the medical building housing from two to twelve doctors. Such buildings may be owned and operated by one practitioner or owned and run cooperatively.

A urologist who has been located for the past ten years in a small cooperative building in a large Great Lakes city, writes: "I associate daily with other dectors-an advantage in itself. Naturally we avoid conflict in our practices, and in this particular building there is only one general man. From the patients' standpoint, our building is pleasanter than the big professional buildings downtown-we're just outside the business section. And people often comment on how sunny and inviting it is here. They can park their cars, too, without any danger of getting a ticket or having to pay a fee at a parking place.

"The question has been raised of the obligation to refer to doctors within the building. The tendency is to do so, though we continue to refer patients to men we knew and to whom we sent referrals before we came to this building."

Every locality is different, as is every man. The physicians queried agree, however, that an office should always be dignified and simple, and not look too expensive. It should also be convenient and accessible.

If you've diagnosed your office situation and decided to move, don't forget a careful prognosis is equally important.

MEDICAL AID TO SPAIN CRITICIZED

IRRITATING TO SOME is the American salve for Spanish wounds being compounded and dispensed by the medical bureau of the American Friends of Spanish Democracy. News reports in Medical Economics about that organization's drive to supply medical care and equipment to Loyalists in the Spanish revolution have aroused two readers to articulate disapproval.

In a letter to the editors Dr. J. R. Dundon, of Milwaukee, Wisconsin, says: "On page 46 of your February issue you report the medical aid being given to Spanish Com-

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ferrin does not stain the teeth; it does not constipate; children and gravidae take it willingly. It contains no flavoring or sugar; it is economical to use and an excellent vehicle. Prescribed in 11-oz. bottles. Samples to physicians on request.

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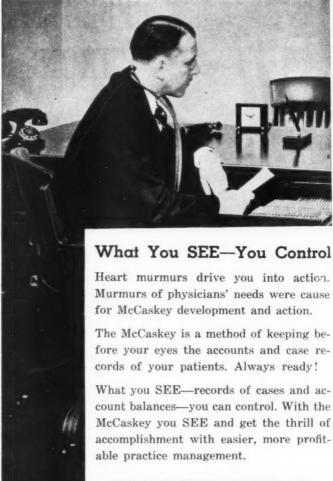
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MEDICAL ECONOMICS · APRIL · 59

munists by the American Friends of Spanish Democracy. You may correctly charge to American news reporters* your misinformation regarding the true political status of Spanish 'Loyalists.' An informed capitalistic magazine appears absurd in the role of advertising a 'Lovalist' government under the direction of the Russian, Marcel Rosenberg."

Dr. Adrian F. Burkard, of Santa Barbara, California, adds this comment: "Do you realize that you are spreading Loyalist, which actually means Communist, propaganda? The so-called Loyalists are fighting for Communism, not for Democ-

"It is the proud boast of the Loyalists that not one cent con-

A.F.S.D. includes a number of men outstanding in American medicine. To mention a few-Drs. Bela

Schick, Henry E. Sigerist, William H. Park, Adolf Meyer, Haven Emerson, Anton J. Carlson, Walter B. Cannon, Several of them have accepted Medical Economics' invitation to comment on the criticisms made by Drs. Dundon and Burkard.

tributed to their funds will go to

the relief of needy Rebels." The medical committee of the

Writes Dr. Henry E. Sigerist, director of the Institute of the History of Medicine at Johns Hopkins University: "Whoever is familiar with the history of Spain knows that the present struggle is not between Communism and Fascism but between Fascism and Democracy. The question is whether the Spanish people should remain endlessly in a condition of semi-feudal oppression or whether they should be allowed to develop democratic institutions as other countries have done long before.

"General Franco does not represent the Spanish people who have documented their aspirations unmistakably in the last elections. He is a mere instrument in the world offensive of Fascism. A world war is being fought today in Spain on a small scale. If Democracy emerges victorious from this struggle, the world may be spared another war which, as we all know, would be fought on an infinitely larger scale."

Dr. A. J. Carlson, of the department of physiology at the University of Chicago, adds: "I am supporting medical aid to the Loyalists in Spain because I understand that they were put in charge of the government by such democratic voting as they have succeeded in de-

At your next Medical Society Meeting

Display these six **Health Insurance** Panels

They show briefly and graphically the highlights of (1) the future of private practice; (2) state medi-cine—as practiced in Russia; (3) compulsory health insurance—as practiced in Great Britain; (4) voluntary health insurance—as practiced in the United States; (5) group hospitalization; (6) the Washington Plan. These have been shown already panels among the scientific exhibits at a number of medical society meetings. They measure 30" x 40" in size, and are mounted on composition board. recognized medical Any society may borrow them upon payment of transportation charges only.

> MEDICAL ECONOMICS Rutherford, N. I.

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^{*}Facts used by Medical Eonomics were obtained directly from the A.F.S.D.



Forecast with Radiographs

PREGNANCY generally is considered a normal function. But when anatomical abnormalities exist or develop, Nature alone cannot be depended upon to effect a safe birth. Specific prenatal information about the individual case then is necessary to forecast possible complications and facilitate intelligent assistance or intervention.

Radiography provides an accurate, tangible anatomical portrayal of both mother and fetus. Many of the desired facts can only be surmised from other means of investigation. Radiographs are practically essential in:

 Measuring pelvic diameters; demonstrating type and formation of pelvis.

- Recognizing single or multiple pregnan cies, abnormalities, fetal position.
- Determining cardinal diameters of feta skull to estimate disproportion betwee the volume of the head and the capaity of the pelvis.
- Differentiating between pregnancy an other abdominal enlargements.

There is a justifiable application radiography in every pregnancy. In fac close coöperation between the attendir physician and a competent radiologi tends to simplify the ordinary problems childbirth and to reduce both matern and infant mortality. Eastman Koda Co., Medical Division, Rochester, N. Y.

THE PROVIDE DIAGNOSTIC FACT

veloping in Spain . . . At this time those who believe in Democracy the world over stand up to be counted."

At the suggestion of Dr. Walter B. Cannon, of the Harvard Medical School, Mr. Roger Chase, general secretary of the medical bureau of A.F.S.D., has expressed to Medical Economics "the point of view of the physicians sponsoring the work of the organization." Says he:

"It is easy enough to prove that the legally constituted government of Spain is not Communistic. But I will not argue that point, since the medical bureau is not an arm of that government and, on the contrary, maintains an autonomous and distinctly American hospital in Spain. In it are treated soldiers and civilians, Republicans and Communists, Catholics and atheists, and, frequently, wounded Rebels. When the hospital was situated near Chinchon and the civilian population of a nearby village was bombed by Rebel planes, I doubt that our doctors stopped to consider whether the mangled women and children were Communists or Capitalists.

"The medical bureau is conducting a humanitarian campaign. The physicians who comprise its medical committee have tried to keep politics out of it as much as possible. Like the United States, we, of course, recognize the legally constituted government voted into office by the Spanish people last

ALL-GLASS CLINIC

GLASS, which grows increasingly popular among architects, promises to come into its own as a construction material for medical buildings. The proposed Columbus Clinic in Columbus, Ohio (see cut) is to be housed almost completely in glass. The incor-

porators of the clinic believe that this type of construction will guarantee a light, cheery interior; obliterate outside distractions; and cut maintenance costs (the walls can be cleaned with plain water and require no painting or plastering).



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WE STILL PACK 4 OUNCES & COTTON in 24 OUNCE saug-fit BOX



because physicians and surgeons use cotton and not boxes or air, we have always used for absorbent cotton a snugfit carton that delivers full weight without crowding bag or shelves.

For maximum protection inside the carton, the inter-leaving paper is folded over the edges of the cotton.

Bay's Absorbent Cotton is available in all standard forms for professional use. When you

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specify Bay's Blue Seal Cotton, you get the finest cotton that can be produced, in a snug-fit carton that delivers full weight and minimum bulk.

THE BAY COMPANY, Bridgeport, Conn. Gentlemen: Please send me a sample of Bay's Blue Seal Absorbent Cotton.	ME 4
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year. Furthermore, I doubt if any of us would deny that we have become somewhat prejudiced against the Rebel General Franco who recently declared, 'A bomb dropped on a hospital sometimes signifies more than a victory.' His armies have accepted his suggestion with such conviction that British and American units have had to delete the Red Cross from their ambulances.

"Nevertheless, should a wounded Francisco Franco come to the American Hospital for medical attention, I can assure you that he would receive the same treatment as any other wounded soldier or civilian."

DOWN TO EARTH BY Eleagar Hornbostel, M.D

"Should doctors practice medicine?"
"Of course not, stupe! Whatever put that into your head? A horse-and-buggy idea if I ever heard one!"

"But hold on-"

"Why, you ought to get a job as a gag writer! You'll ask me next if drugstores ought to fill prescriptions. What a guy! Why don't you borrow some money from the government and modernize?"

"But really-"

"Listen! You asked me, didn't you? Well, I'm telling you! What do doctors know anyway?"

"Well, a good deal-"

"Oh yeah? About what? Don't make me laugh. I went to one once.

I got indigestion something awful. He gave me a prescription for my stomach and told me to get it filled at the drugstore. Yah! Would a guy in the know do that, stooge? Wanted me to pay him, too!"

"I don't quite see-"

"Oh, you don't see? Say, where do you come from anyway? Not from this town—that's a cinch! Why, I took that there paper—after I shoved the guy in the face—to a drugstore. I ast a fella at the soda fountain what the hell, an' he thumbs me to the back of the place. And ain't I the dumb cluck? As I starts off I falls over a lawnmower into a pile of electric toasters. If it hadn't been for one of them there inner tubes like a duck and a pile of sponges, I'd have knocked that fella clean over."

"What fellow?"

"Why, the guy that was bringing the can of chocolate syrup for the jerker—that rat. Yeah, he dumps syrup on me, too. An' I'm here to tell you that I didn't collect a cent of damages from them crooks that the mouthpieces didn't get."

"But why do you think doctors shouldn't practice medicine?"

"You are dumb, ain't you? Didn't I just tell you? That's what I got for letting one of them practice on me. There ought to be a law to run them guys out of business—"

"Then what would you do if you

got sick?"

"Say, ain't you got a radio, stooge? Don't you never read the newspapers and the car cards? What's your racket that you got to ask so many questions?"

"Wha-a-t? A doctor? . . . Hey! Come back you ——!!!!"

CARBEX BELL

A 6 grain tablet of sodium bicarbonate and aromatics

Carbex Bell is so palatable no patient will know what it is, so prompt and dependable that once tried you will continue to prescribe and "Trial is Proof." Send for sample to HOLLINGS-SMITH CO., Orangeburg, N. Y.

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- 1. Destroying the pathogenic bacteria and protozoa
- 2. Furnishing glycogen to the vaginal mucosa
- 3. Supplying the proper acidity for growth of Doderlein bacilli

Each Floraquin tablet contains 11/2 grs. of Diodoquin (5-7-diiodo-8-hydroxyquinoline) together with specially prepared anhydrous dextrose and lactose, adjusted by acidulation with boric acid to a hydrogen ion concentration which maintains a normal pH of 4.0 when mixed with the vaginal secretion.

Diodoquin (63.9% Iodine), as well as the acidity of the tablet, destroys offending microorganisms, including trichomonas vaginalis, and reestablishes the normal vaginal flora.



ETHICAL PHARMACEUTICALS SINCE 1888 CHICAGO

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DRYCO safeguards against fat disturbances. With DRYCO modifications (see chart) a greater proportion of the infant's fuel energy needs is supplied by carbohydrates-more convenient and more digestible sources of energy than fat. DRYCO'S 20-year record of success in infant feeding is in large measure due to this rationalization of energy values.

Modifications

USUAL MILK

Modifications

Use coupon to obtain trial supply and the handy DRYCO Vest-pocket Infant Feeding Schedule.

DRYCO

Made from superior quality milk from which part of the butterfat has been removed, irradiated by the ultra-violet ray, under license by the Wisconsin Alumin Research Foundation under the Steenbock patent (U. S. Patent No. 1,680,818) and the Supplee process patent (U. S. Patent No. 1,817,936), and dried by the "Just" Roller Process.

Dept. E-47-D, ork, N. Y. RYCO Infant Feeding
M.D.
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Courtesy, bah!

2

No matter how much Butcher Jones esteems his friend, Butcher Smith, it is not customary for Butcher Jones to send his family to Butcher Smith to obtain free meat.

However highly Shoe Merchant Adams regards Shoe Merchant Kunkel it does not follow that either would consider it a privilege to provide shoes gratis for the other one's family.

Yes, I know. You're a step ahead of me. You want to blast the argument you know I'm about to present.

Very well. Why is it that doctors consider it an honor to treat their confreres' entire families with and for a smile?

It is customary, you say. The practice of medicine can never be reduced to the same plane as those mundane, though indeed honorable callings of butcher, baker, and candlestick-maker. The man who has achieved an M.D. expects to give! His is a giving profession. It has always been considered a privilege for one doctor to treat another doctor's family.

All right, then. Overlooking the fact that this is an age of casting aside worn-out customs, suppose medicine is, as most practitioners will agree, a giving profession. The doctor is called upon to give not only until it hurts, but until he bleeds.

When he returns to his private office after a morning of glorious service in a charitable clinic Is there any good reason, the author expostulates, why recipients of courtesy service should not pay at least a small fee?

By A DOCTOR'S WIFE

(where everyone who so much as picks up a pin is paid—except, of course, the doctor) who does he find waiting for him? Often a doctor's daughter, the wife of another doctor, the mother of a third doctor, and perhaps for good measure a minister or a nun, plus one of his own colleagues. If he is lucky, a pay patient is waiting also—but the day is no longer young. On witnessing this array of patients, what line of reasoning does his weary brain follow?

You physicians know too well what goes on in the poor man's mind. He must treat the doctor first, then the pay patient. The others will get what remains of time and energy.

Remember when, as a child of ten, your family lived between Miss Ames and Mrs. Spence? You ran errands for both. Miss Ames repaid you with shiny new quarters; Mrs. Spence used to say you would be rewarded in Heaven. No need to point out which neighbor received her packages first. The human element is ever-present. And no matter how long a doctor abides on this earth, he is still

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a human being.

After all, is there any good reason why the usual recipients of courtesy service should not pay at least a small fee? This, it strikes me, is one injustice, at least, of which we can rid ourselves.

A woman friend of ours, a wellknown Michigan physician, so despised the situation in which an M.D. is placed when the need for personal medication arises, that she postponed securing treatment for herself far beyond the point where it was wise to do so. As a guest in our home, while attending a western convention, she confided in us. My husband suggested that she apply for an examination incognito. She did so. Diagnosis was made by a specialist who had sent her many patients, but who had never seen her. Her entire operative illness and convalescence were conducted with as strict an anonymity as if she had become an illegitimate mother, even to paying much too large a bill.

Last year an orthopedist we know was asked by a colleague to take care of his mother who had broken her hip. For a period of months, because the woman lived at such a distance, the orthopedist suffered a loss of three hours daily away from his office. One emergency patient waited for him for two hours and then rushed to another doctor. This patient, in the

ensuing year, has sent seventeen persons to the second man for treatment!

Some years ago a classmate of my husband's asked us to take an interest in his son who was coming from Rush to establish himself in California. At our suggestion, the young man called on an eminently successful local doctor. also an alumnus of Rush. Nothing happened. How gratifying if the older man had encouraged his earnest young colleague with a patient or a kindly word when the sledding was hard! But he didn't. He was too busy to take notice, too busy even to return the friendly call.

Fortunately, our young friend made good on his own. The tables turned. One day, eight years later, the old man needed a doctor himself. He cast about for the best. Only then did he remember his young colleague. There was the man! Not too young, not too old, splendidly trained. He paid him a visit—a professional visit. And did he get treated? He certainly did.

Of course, services rendered to physicians' families are sometimes rewarded with gifts. But, oftener than not, these gifts are impractically chosen, hence futile. Let me ask again, therefore, would not the establishment of definite, though reduced fees be a step ahead?

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It may be a common cold or any febrile disease, it may be nephritis or liver disorder, general anesthesia or pregnancy . . . but whatever the cause of acidosis, ALKA-ZANE is well designed to restore and maintain the alkaline balance. The citrates, carbonates and phosphates of sodium, potassium, calcium and magnesium in Alka-Zane supply the necessary support to the alkali reserve. Alka-Zane is supplied in bottles of 11/2,



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CLINIC COMBINES RELIGION, MEDICINE

AN UNPRECEDENTED NUMBER of patients called recently at the Associated Clinic of Medicine and Religion (held from one to three o'clock on Friday afternoons from October through May at the Church of the Holy Trinity, Brooklyn, New York). A story in the New York Daily News caused the rush. It explained that those in need of psychiatric advice but afraid to go to a physician's office for it might be helped at the clinic.

The thirty new patients who came that day found medicine represented by a psychiatrist and by a general practitioner; religion, by

a spiritual adviser.

According to Dr. Carroll Leja Nichols, consultant in psychiatry, the clinic has for seven years been satisfying a vital need of persons mentally ill but wary of so-called alienists and analysts. In the comfortable, old-fashioned study of the church rectory, they talk freely. Thus, Dr. Nichols is helped to determine whether or not they can be treated.

The cases handled involve functional neuroses and maladjustments brought on by financial difficulties, unemployment, marital troubles (an attempt is made to see both husband and wife), and other problems. Up to now, ailments arising from poverty and unemployment have predominated. But they are decreasing.

The clinic procedure is as follows:

First, an examination and diagnosis by Dr. Nichols. If the illness is of physical or of physical and psychic origin, the patient is given a complete medical check-up by Dr. Lowell B. Eckerson, general practitioner attached to the clinic. If the trouble is psychogenetic, patients are sent on to Horatio Dresser, Ph. D., the clinic's spiritual adviser. In the event that the patient cannot be helped, institutional care is recommended. Dr. Nichols does not see patients again after his original examination unless a follow-up is indicated.

White-haired Dr. Dresser, writer, psychologist, and former teacher of philosophy at Harvard University, treks to Brooklyn once a week from South Hadley, Massachusetts. He sees patients one by one in the church vestry. Others wait their turn in the church proper. Fifteen minutes to half an hour of kindly discussion of difficulties may suffice. If not, such talks are continued at weekly intervals. Some patients come in occasionally year after year.

Though administered in a church, the clinic's psychotherapy does not involve church attendance—not even at the brief service held from 12:30 to 1. Frequently, Dr. Nichols



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For the "Quickly Available Energy" Food at Breakfast



For Baby's

First Cereal Food



When a Bland, Non-Irritating Food is Required

are the Important Voints, Doctor...



In your choice of the infant's first cereal food, of the "energy

element" in the dietary of growing children and adults, and of a highly nutrient factor in the bland diet indicated in certain syndromes and convalescence, Cream of Wheat merits your consideration because of these features:

Nutritional Value

An ounce of Cream of Wheat yields 115 calories of valuable food energy-protein, 11.8%; fat, 2.4%; and carbohydrate, 72.5%.

Palatability

The appealing taste of Cream of Wheat is pleasing and satisfying. It may be eaten daily, for long periods, without tiring the palate, an especially important point in the dietary of children and convalescents.

Economy

The large package of Cream of Wheat makes six and one-half quarts of cooked cereal, fifty generous servings, at less than half a penny each. Your patients, doctor, will quickly recognize this outstanding food value.

CREAM

THE CREAM OF WHEAT CORPORATION MINNEAPOLIS, MINN., U.S.A.

underscores the direction, "no religion." He does so to prevent fanning the flames of religious fanaticism sometimes present in the maladjusted and neurotic.

The clinic was founded in 1930. During the first six years of its existence it handled 200 cases—an average of six to ten each Friday. The noticeably increased attendance at its current sessions is due to the publicity created by the Daily News' story. Slightly more women than men are treated; but, conversely, no girls have been seen while a few boys have called.

The clinic resulted from a demand made in 1928 by a number of prominent Brooklyn physicians for some "sensible, intelligent, and scientific way by which the church can aid medicine." Some of their patients needed mental and spiritual advice. But they required the atmosphere of faith and hope created only in a religious environment. The medical men wanted to refer some of their patients to the church, but first they had to make sure that church procedure would be beneficial. They believe that the Associated Clinic of Medicine and Religion, with its consultant in psychiatry, its general practitioner, and its spiritual adviser, assures proper cooperation between medicine and religion.

Physicians and ministers of all denominations throughout Brooklyn know of the clinic's existence. They send many patients to it. Funds for expenses (which are kept at a minimum) are raised by a special committee of laymen. No fee is charged to patients, but they may make voluntary payments.

Reverend John Howard Melish, rector of Brooklyn's Church of the Holy Trinity, says of the clinic: "As long as doctors cooperate, the work will go on. The unhappy and temporarily unbalanced will be saved from going to isms and cults which have not the proper help to offer."

ACCENT ON MRS.

WHEN A PATIENT telephones the house in the doctor's absence, I say, "This is Mrs. Breeding speaking. The doctor is out, but I'll have him phone you shortly if you'll give me your name and address."

By placing a slight emphasis on the Mrs., I am often enabled to make an appointment or receive a call which might not be given to just anyone.—
CATHARINE BREEDING, San Antonio, Texas.

ARTERIOSCLEROSIS

Sample of BURNHAM'S Soluble lodine on request. Control cholesterol metabolism and you check arteriosclerosis. Modern research proves that free, active iodine—BURNHAM'S SOLUBLE IODINE—disperses choles-

terol by reducing the blood content and preventing its deposition in the arterial walls. Acts without handicaps. Dosage: 20-30 drops in wa-

Dosage: 20-30 drops in water, fruit juices, etc., 30 min. before meals. Milk or Calcium with meals is suggested.

BURNHAM SOLUBLE IODINE COMPANY, Auburndale, Boston, Massachusetts

A Pharmaceutical Aid

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Your Prescription Made More Acceptable, Better Tolerated, More Efficient . . . By



Aspir-Vess. • • The association of buffered alkali bases with effervescence safeguards against the digestive derangement so frequently associated with salicylate medication. Also helps to safely alkalinize the patient and therefore bring about a more rapid response in the treatment of colds, influenza, acute muscular rheumatism, neuralgia, etc.

Bromo-Vess... The well known three bromides of potassium, sodium and ammonium in a palatable, alkaline, effervescent base. No salty taste, no gastric disturbance, particularly well tolerated where large dosages are used.

Cinsa-Vess. • • Cinchophen, sodium salicylate and colchicine in a palatable, alkaline form. Secures increased tolerance, encourages rapid absorption.

EFFERVESCENT PRODUCTS

How to get them to

Of all the dull things that might be mentioned—including a wet April drizzle—none is so dull as a poorly planned medical program. Bothered by that thought, we asked the most successful program chairman we know for some good, hard-boiled advice on "how to get them to meetings." Here's what he wrote.

Some argued in hospital staff rooms, some played poker or bridge in clubs, some looked at Life's pictures in their homes. But all knew it was the night of their county society meeting, and all asked themselves the same question, "Why should I go?"

How could the constant bickering of the business meeting compare with roaring at Si's jokes? Who cared about a dull rehash of a fifteen-year-old textbook account of a never-seen disease when Joe was bidding six hearts redoubled? How could the Old Man's pronouncements, deadened by ten years of cerebral arterio-sclerosis, compare with the vital, pulsating photographs in the magazine?

The program chairman knew the difficulty only too well. He knew what competition his meetings had. He realized that he must offer something of at least equal interest to the many distractions. But how?

The first essential, apparently, was interest. In what was he himself interested? In what were his medical friends interested? Their friends? The majority of county society members? What would they like to hear about? What was the best way to develop it?

He wasn't too sure. But with the passage of time his eyes have opened to the following things.

The first essential, obvious as it may seem, is to select the best time and place for the meeting. This means the most convenient location for the majority of the members at the most suitable hour. If meetings are poorly attended, send a questionnaire asking for the first and second choice of time and place. Then try to satisfy as many members as possible.

In large counties, changing the place for each meeting may be of value. New groups of doctors acting as hosts provide added stimulus; each seeks to encourage a better program than the last.

If some local physician has a new technique for the fixation of fractures he would no doubt like to give a demonstration. He's proud to show his prowess to colleagues from neighboring towns. Even simple exhibits are well worth the effort. Anybody who has attended one of the major medical conventions will realize the drawing power of seeing things in addition to hearing about them.

For the program itself the first essential is to have material of genuine value. If something tangi-

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ble can be taken home by each visitor, the interest will take care of itself. Make programs too short rather than too long. When the men gather to leave, let them comment, "Why wasn't there more?"—rather than "I thought he'd never shut up!"

To attract interest, have at least one paper on something new. But be sure it is sufficiently broad to appeal to the majority.

Variety is the spice of programs. Forget sheer medicine once in awhile. Occasionally put in novelty programs like hobby nights, intern sessions, travel experiences. Have a lawyer talk on medico-legal aspects, an advertising man on health publicity, a federal investigator on quacks and frauds, a medical author on his books.

In short, flavor the meetings. Give them some tang. Include a feature or two which is not of the type one finds in orthodox medical journals.

Motion pictures add a great deal to any program. Many organizations supply excellent films free, except for the expense of shipping (see February issue, page 54).

Clinical material also helps. The recovered patient is often grateful and glad to show himself to other physicians. Demonstration of a patient may clinch a point more effectively than anything else (in spite of the farmer at the circus who, after seeing a giraffe for the first time, exclaimed, "Gol dern, there ain't no sech animal!")



Let local men present most of of the papers. They will be flattered by the attention and they are best acquainted with the things in which their colleagues are interested.

Have few papers and lots of discussions rather than many papers with regrets that there is "insufficient time to discuss."

Conflict is the life blood of interest. A fair proportion of the papers should be not merely informative, but provocative as well. Often the extemporaneous discussion is better than the formal address.

Bring in guest speakers, too, of course; but be sure they will talk about something listeners are interested in and which they can understand. Little is gained by having a noted authority address general practitioners on the technique of thyroid surgery; but if he describes symptoms of acute and chronic goitre or methods of ex-

amining patients, his talk may prove highly profitable.

On one occasion that comes to mind a guest speaker demonstrated his technique of finding thyroid disease when the usual signs were lacking. By using members of his audience as patients, he discovered that two of the doctors had slightly toxic thyroid glands. Wasn't that a more dramatic type of program? Wasn't it more beneficial to the general practitioner and more directly worthwhile in his daily practice?

The guest speaker does not have to be nationally famous. The fact that he has been invited from a distance immediately weights much of what he has to say.

Challenge local conservatism with the visitor's new ideas. Local members will then have a chance to compare their talent with that of someone strange, and they may learn something new which they would never have learned otherwise.

The business portion of the meeting should be short and to the point. Always reserve a place for the secretary. He is the contact man between the local group and the outside world. The secretaryship is important and should be given to someone who appreciates his task and is conscientious.

Plan programs for six months to a year ahead. Then hay fever desensitization will be described in May when something can be done about it, not in October when the season is almost over.

If a particular line of thought is especially interesting, plan several follow-up papers on it for subsequent meetings. This gives members time to investigate the subject and be better prepared for discussion. In addition, the society will become known as one which works along definite lines and plans correlated programs.

Be sure to get a good program committee—in other words, a good program chairman. Choose a physician with purposeful vision. Then your worries will change from "Is anyone coming to the next meeting?" to "We'll have to hire a larger hall."

DRUGGIST PRESCRIBES

WITH AN ADVERTISING campaign that emphasizes often-ignored ethics of his business, Druggist Roy Getman of Tulsa, Oklahoma has created a distinctive reputation for himself.

Twice a week his ad occupies modest space (less than six inches of a single column) in a leading local daily. The cost to him is about \$75 a month. But, since he has experienced a 20% increase in volume on a \$9,000 stock of drugs, he deems his advertising

"D.A.B.D." APRONS

Free sample to any Physician on request.



Will Assist in the Treatment of Gonorrhea.

No. 117 is the Apron with a Suspensory. No. 100 is the Apron without a Suspensory.

THE WALTER F. WARE CO., Dept. 110 1036 Spring Street, Philadelphia, Penna.

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WHAT "20% MILDER" MEANS TO you AND your patients

Patch test comparisons of 5 leading toilet soaps and 3 olive-oil castiles prove cresols make Lifebuoy mildest . . .

You, yourself, according to what members of your profession tell us, must wash your hands 10 to 30 times a day. You need the mildest efficient soap you can get, to avoid dermatitis or chapping!

And you often have patients, particularly those with infants and children, who are likely to ask you "What's a good mild soap?"

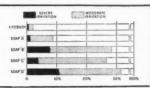
Yet, obviously, you haven't the time to investigate scientifically the comparative merits of soaps available. You know perhaps that some soaps reputed to be mild are relatively irritant to normal skins (possibly including your own) ... Perhaps you share the common belief that castiles are the mildest of soaps . . .

Now - 1060 patch tests give evidence Now, the results of scientific investigation of

the comparative merits of soaps are available to you to prove Lifebuoy over 20% milder than other soaps doctors use and recommend.*

All types of normal skins were tested

The 1060 patch tests were made to compare 5 leading toilet soaps and 3 castiles, by research scientists of note, in 2 laboratories, as well as



A, B, C and D represent four of the leading com-plexion and bath soaps, As evidenced by the techni-cal findings, sevrage skins exposed to these soaps for the test period of one hour in solutions of about the strength normally used on the skin, show such signs of irritation as marked erythema and vesicle forma-tion in numbers greatly exceeding those affected from exposure to similar-strength solutions of Lifebuoy.



some in our own clinic using the same technic. The methods and findings have been checked by 3 leading dermatologists, also 2 biochemists of repute. Subjects were of ages from 18 to 50, including all types of normal skins.

Lifebuoy proved first in mildness

In every series of tests, on a total of 183 adults, Lifebuoy (against 4 widely advertised toilet soaps) proved first in mildness. In all these tests on these 183 subjects, Lifebuoy proved unexcelled for the skins of 167, or over 91%. Further tests on 34 adults, against 3 well-known castiles, proved Lifebuoy again mildest-but showed one castile to be one of the most irritating of all the soaps tested.

Cresols cause Lifebuoy's superiority

Other tests made on 121 women to compare Lifebuoy with and without its usual cresol content, established that the cresols in Lifebuoy's regular formula are the major cause of its superior mildness.

*Professional samples on request

If you, yourself, have not recently kept Lifebuoy handy, your briefest request — on the margin for convenience —will bring you a carton of professional samples with our compliments, along with a reprint of the full report on parch tests, if you haven't already sent for that. Lever Brothers Company, Dept. 434, Cambridge, Mass.



appropriation a sound investment.

The ads are headed, "See Your Doctor FIRST!" The following copy which appeared under the title, "Pharmacy Ethics," is typical:

Every profession has its code of ethics.

This applies to pharmacy as rigidly as to the profession of medicine . . .

For example, an ethical druggist will not prescribe for you over his counter. It is unwise to ask him to step out of his profession. Diagnosis is your doctor's job.

The skilled, conscientious pharmacist cooperates only after you have advice from your doctor. His skill applies to the thorough, careful compounding of a physician's prescription.

Consult your doctor if your health fails in the slightest. Take his prescription to a reliable druggist for execution. Follow the doctor's advice absolutely.

Druggist Getman was inspired to undertake his advertising campaign when he observed that some of his competitors antagonized physicians by substituting. He decided that it would be good business to tell the local world that at his store the principal business is filling prescriptions according to physicians' desires; that only medical men know what medication is effective in specific cases; and that prescriptions improperly filled thwart the physician's efforts.

"My prescription charges are higher than those of most of my competitors," declares Mr. Getman. "but my efforts in pointing out to the public the folly of accepting medical advice from amateurs have produced a comfortable increase in my business."

ACCIDENT LOSSES CUT

MY GREATEST LOSSES in medical fees used to result from the treatment of injuries received in accidents. Since adopting the following system, however, such losses have become negligible.

When an accident victim is brought into my office and is able to write, I tactfully request that, before leaving, he or she sign a form which reads as follows:

I.....hereby request the

services of Dr. B. B. Shapiro on

DATE PLACE

promise to pay in full a reasonable fee for such services rendered.

Signed

The legal validity of such a document is questionable. Nevertheless, in actual practice, it gives me a hold on my accident patients which they respect.—B. B. Shapiro, M.D., Chicago, Illinois,

TREAT BOTH BY MOUTH · 4-8 Tablets Daily · Write for Sample

f

VITAMIN REQUIREMENTS OF MAN

II. VITAMIN D

 The quantity of vitamin D required by an individual is influenced by such factors as environment, race, age, mineral content of the diet, and possibly by the source of the vitamin. Deficiency is manifest in children as rickets and decreased calcium retention, and in adults by the less well defined condition known as osteomalacia.

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The minimum daily intake which will prevent rickets in infants is probably between 135 and 400 International units of vitamin D as supplied by cod liver oil (1). The optimum prophylactic dose is probably in the neighborhood of 1000 International units (2). It is also interesting to note that the League of Nations Technical Commission has recommended a daily intake of 340 International units of vitamin D for pregnant and lactating women (3).

Irradiated pasteurized milk containing 135 International units per quart and irradiated evaporated milk of the same potency have been found equally effective in preventing rickets in infants. The pediatrician will be interested in the following summary taken from a recent review:

> "Such evidence as is available may be interpreted to show that cod liver oil, cod liver oil concentrate milk, and irradiated milk are of equal potency for the human being, unit for unit." (1-b).

Other than the above recommendation for vitamin D intake during pregnancy and lactation (3), little definite information is available upon which to establish minimum vitamin D requirements of the human after infancy (1), yet while sunlight produces the anti-rachitic factor, most common foods are known to be deficient with respect to vitamin D (4). However, certain foods such as eggs, butter, liver and sea foods do supply this vitamin. The importance of sea foods, especially canned salmon. as carriers of vitamin D has been definitely established. A recent report on the vitamin D content of different varieties of canned salmon gave a value of 1.9 International units per gram for the least potent brand and 6 or more units per gram for several other brands (5).

From a consideration of the vitamin D values of salmon oil, the oil content of canned salmon and the quantity of canned salmon consumed annually in this country, it has been concluded that there is more vitamin D in the canned salmon sold in this country than in the cod liver oil used for both human and animal feeding. (6).

Although neither the minimal nor optimal requirements of individuals of different ages are definitely known, the values of evaporated milk fortified with vitamin D and of canned sea foods as sources of this important vitamin, are well established.

AMERICAN CAN COMPANY 230 Park Avenue, New York City

- (1) a. 1937. J. Am. Med. Assn. 108, 206 b. 1936, Ibid. 106, 2150
- (2) 1936. J. Am. Diet. Assn. 11, 503
- (3) 1936. League of Nations Report on Physiological Bases of Nutrition, League of Na-tions Publication Depart
 - ment, Geneva.
- (4) 1935. J. Am. Diet. Assn. 11, 119
- (5) 1935. J. Home Econ. 27, 658
- (6) 1931. Ind. Eng. Chem. 23, 1066

This is the twenty-third in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

Made for the Profession

For Gynecology and Obstetrics

RECTAL ANALGESIA

Dr. G. T. Gwathmey uses the B-D Asepto Syringe No. 2086, capacity 4 oz., graduated in ccs. and ozs., for rectal instillation of ether and oil, avertin, evipal, etc.

BLADDER, CERVIX AND URETHRA

B-D Asepto Syringe No. 2065, capacity 1 oz., and No. 2045, capacity ½ oz., both suggested by Dr. F. A. Van Buren, are recommended for the cervix and urethra. For aspirating very tenacious secretions from the cervical canal, the B-D Cary Suction Tube No. 424 was constructed. The same device is also very efficient for the Huehner Test. It is provided with a female B-D Luer Slip for attaching B-D Yale Syringe No. 10Y, 10 cc. The B-D Ingall Cannulae No. 6630L, 2¾ long, and No. 6632L, 5" long, are made of sterling silver. They are flexible and have a blunt end.

VAGINAL INSTILLATION

Dr. H. W. Mayes suggests the B-D Asepto Syringe No. 2068, capacity 1 oz., for the instillation of mercurochrome and other antiseptics into the vagina during labor.

VESTIBULAR AND URETHRAL GLANDS

Dr. R. L. Dickinson and Dr. W. M. Brunet recommend the B-D Asepto Syringe No. 2035, graduated in 3 ccs., with fine flexible sterling silver cannula No. 43LC.

FILLING COLPEURYNTERS AND GENERAL ASPIRATION AND INJECTION

The B-D Asepto Syringe No. 2082, capacity 2 oz., is recommended.

BABY FEEDING AND BREAST PUMP

The B-D Asepto Infant Feeder No. 2063 has a capacity of 1 oz., graduated in 8ths. The B-D Asepto Breast Pump No. 2076 can be easily cleaned and sterilized. The glass protector prevents the milk from running into the bulb. To feed the baby direct, a large rubber nipple can be slipped over the large flange.

CORRECTING INVERTED NIPPLES AND NIPPLE PROTECTION

The B-D Asepto Massage Cup No. 2057, diameter 11/8", and Dr. Moore Nipple Aerators No. 3501 are very useful. CERVICAL INFILTRATION

Dr. L. A. Emge recommends the B-D Luer-Lok Control Syringe No. 10LLC, 10 cc., and the B-D Medical Center Security Needle No. 45LNH, 22 gauge 3".

SPINAL ANESTHESIA

Syringes—B-D Yale Luer-Lok in either 3 cc., 5 cc., or 10 cc. Needles—B-D Yale Rustless No. 462LNR with regular spinal point and No. P462LNR with Pitkin point; sizes 22 gauge 3" and 20 gauge 3½". SACRAL AMESTHESIA

B-D Luer-Lok Control Syringe No. 10LLC, 10cc. Needles – B-D Yale Rustless No. 462LNR; sizes 20 gauge 31/2'' and 19 gauge 31/2''.

INTRAVENOUS ANESTHESIA

The B-D Yale Syringe No. 10YE, 10 cc., with eccentric tip and a B-D Yale Rustless Needle No. LNR, 20 gauge 11/4", are recommended.

INTRAMUSCULAR INJECTION

For intramuscular injection in connection with rectal analgesia, the B-D Yale Luer-Lok Syringe No. 2YL, 2 cc., is most efficient. Needles—B-D Yale Rustless No. LNR, 20 gauge 11/2", or for the obese patient 2".

UTEROSALPINGOGRAPHY

The Jarcho Pressometer No. 5035 determines the patency or non-patency of the Fallopian tubes. Dr. Francis W. Sovak uses for intrapelvic tubal insuffation a B-D Asepto Syringe, 1/2 oz., with specially formed glass tip. Dr. W. H. Cary uses a glass tube with a conical slicking rubber cone, and a side arm for connection to the B-D Medical Center Manometer.

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VARICES IN PREGNANCY

5035 C

The B-D ACE Bandage No. 7, elastic without rubber, is of special use. It has pure silk filling, is flesh color and has flat woven edges. It is inconspicuous when worn under a service weight silk stocking. Width 3" and 4".

CIRCULATORY STASIS DURING MENSTRUAL PERIODS

A B-D ACE Bandage, wrapped around the legs, assists the patient and is a valuable aid in making this physiological function less painful. No. 7 in the 3" and 4" width is recommended.

DRYING LACTATING BREAST AND BREAST SUPPORT

B-D ACE Bandages are efficient and comfortable. Some physicians prefer the 8" width and others prefer the 3" width, wrapped figure-of-eight fashion.

PRENATAL, POSTNATAL AND POSTOPERATIVE ABDOMINAL SUPPORT

B-D ACE Bandages, either 8" or 10" wide, have been successfully used in prenatal and postnatal care as well as for postoperative support of lower, middle and upper abdominal incisions, for treatment of visceroptosis, gastroptosis and for general relaxation of the abdominal muscles.

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No. 424 provided The B-D

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ANALGESIC AND ANTIPHLOGISTIC

Unguentine is a dependable germicide in a soothing, pain-relieving ointment base, adapted to sustained contact with burns, lacerations and other denuded painful lesions of the skin.

The outstanding antiseptic ingredient in Unguentine is Parahydrecin (anbydro-para-bydroxy-mercuri-meta-cresol)—a stable, non-toxic antiseptic capable of demonstration in dilutions of one to several million, yet non-irritating to tissue in the 1-10,000 concentration actually used. Unguentine, containing Parahydrecin, is effective under the conditions of actual application—in the presence of serum and organic matter—and will not precipitate albumin.

Sample free to physicians upon request.

THE NORWICH PHARMACAL COMPANY BOX ME 24 NORWICH, NEW YORK



Unguentine

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THE CITY CAN have MY JOB!

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After almost two years as assistant city physician in one of New England's larger towns, the author is, to use his own words, "thoroughly fed up." We commend his article to city physicians—both present and prospective—and to those interested in the effects of regimentation on medicine.

2

HAD BEEN IN PRACTICE but one year. Time was plentiful and my office empty. One day, through the intervention of some political friends, an opportunity presented itself to become assistant city physician.

Should I accept the job or decline?

I knew I could use the \$150 "sure" money each month. And I knew that if the vicissitudes of a political job became too trying, I could resign.

So I accepted.

My troubles began forthwith. First came a series of battles with the social service department of the welfare board. These individuals, having had a few years of social service training, assume the attitude that they and they alone know all there is to know about human psychology. Their insight into human nature does not, however, extend to the city doctors whom they commission at all hours to make unnecessary calls.

This disregard of the doctor's time and energy amounts now and then to downright disrespect. (Which may, of course, be an indictment of the type of men who accept jobs as city doctors.)

Whatever medical knowledge the city physicians in this town may possess, their prescriptions for welfare cases run the short gamut from cough mixture to castor oil. When I first began, I found that the patients I called on were amazed to have me examine them thoroughly or take their temperature. From all appearances, that was something to which they were quite unaccustomed. It was with considerable reluctance that some of them submitted to an examination at all. The only thing expected of me, apparently, was to write out a prescription for nose drops or a cough mixture or some physic.

In defense of this laxity among physicians on the city payroll, I must admit Pve found at least two substantial explanations: First, calls are numerous and largely unnecessary. Second, they are pretty generally unappreciated.

Many is the time I have run the risk of getting a ticket from some traffic cop while answering a supposed emergency call, only to find the patient suffering from no more than a running nose! The explanation is usually, "If I didn't tell them Joe had pneumonia, I might have had to wait several hours for a doctor."

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AMOXIN

REG. U.S. PAT. OFF

(4-Toluenesulfonylamino 1-Acetylhydroxy 2-Benzene carboxylic acid plus organic iodine)

An orally administered, non-toxic synthetic compound activated with organic iodine.

AMOXIN produces prompt symptomatic and systemic results in arthritic, rheumatoid and neuritic conditions.

Dosage: One or two tablets three times a day.

Issued in tablets, 0.375 gram each, vials of 30.

-- COUPON -

The Laboratories of THE FARASTAN COMPANY 137 South 11th Street Philadelphia, Penna. Gentlemen: Please send me an original vial of AMOXIN for clinical test,

together with descriptive literature.

M.D.

Address.

City..... State..

I was once called to see a colored baby. On arrival, I asked the mother what was wrong. The baby's bowels, she informed me, had not moved since the day before!

No longer does it faze me to be called to see little Adolphus, supposedly at death's door, and to find him actually out playing. Nor am I surprised when the mother of a young patient goes to the window and screams out, "Jimmy, come home, the doctor's here now."

Even an adult will sometimes put in a call for my services and then go down town to the movies if I don't show up within ten minutes. More than once I have been asked to return to a house at a time more convenient to the patient. Then, presumably, the latter will condescend to be present and give me the opportunity to make his or her acquaintance.

To cite another type of case familiar to city doctors: I received a call from a family one night but found no one home. The next day I tried again and discovered that the patient, a girl, was in trouble. She wanted me to make her life more pleasant by relieving her of her unwelcome burden. On advising her to marry the boy, I heard enough unpleasant things about myself to last me the rest of my life. Imagine being a doctor and not knowing how to prescribe a few magic pills that would bring on what women dread most when it comes and long for most when it doesn't come!

Being a physician, I have found in some cases, is only incidental to my other duties. I was supposed to be a milkman for one family. They were already receiving four F

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SODIUM PERBORATE FLAVORED for the treatment of

- TONSILLITIS
- PHARYNGITIS
- STOMATITIS
 - GINGIVITIS
- VINCENT'S INFECTION

Merck

THE liberation of nascent oxygen when Merck Sodium Perborate Flavored is exposed to the moist tissues of the mouth makes it particularly effective as an aid in the treatment of Vincent's Infection, Tonsillitis, Pharyngitis, Stomatitis and Gingivitis. Its alkaline reaction and nascent oxygen release are of value in inhibiting the action of anaerobic micro-organisms associated with these diseases. It has the



further value of deodorizing foul organic matter.

Merck Sodium Perborate Flavored is also effective when used for pre-operative and post-operative treatment. It aids in the cleansing of tissues and its action is advantageous for the loosening of debris.

Patients gladly supplement office treatments with home use, according to professional directions, when Merck Sodium Perborate Flavored is prescribed. It is easy to use and the peppermint flavor leaves a clean, refreshing feeling in the mouth. Merck Sodium Perborate Flavored is a fine white powder, free from abrasives and soluble in water or saliva.



Merck Sodium Perborate Flavored is accepted by the Council. on Dental Therapentics of the American Dental Association.

Manufacturing Chemists MERCK & CO. INC. RAHWAY, N. J.

> The advertising of Merck Sodium Perborate Flavored is directed to the dental and medical professions.

quarts of milk a day from the city, but they wanted me to aid them in getting more.

Then there was the case of Mrs. Murphy, who had received fewer bed sheets than Mrs. Nelson, her neighbor. Nor must Mrs. Brady be overlooked. She didn't like to have her husband work in the afternoon so she urged me to get him work that would occupy his mornings only.

When doing city work I cannot sit down and chat, as I sometimes do with my private patients. I must get the essential story quickly, examine the patient expeditiously, give any necessary prescriptions, and be on my way. Service must necessarily be abrupt when there are ten to fifteen similar calls to be made. Besides, as I have already pointed out, the majority of these people are interested only in getting prescriptions for their favorite medicines.

I remember once discussing with a friend the panel practice of medicine in England. I laughed when he told me of seeing patients coming home from the apothecary's carrying a gallon jug of bromides or other drugs. To my dismay, however, I have discovered that welfare patients here do not differ much from their English cousins. My private patients always seem to have some of the

cough medicine left which I prescribed on a previous visit, but the welfare patients are able to drink up more medicine than a camel who hasn't seen water for days. Six ounces of medicine which would last ordinarily about a week, lasts the average welfare patient only about three days. I found out just yesterday that one patient had been refilling three prescriptions every week for the past year—at a total cost to the city of about \$300. No wonder my taxes continue to climb!

The district nurse is not always an unalloyed joy and help to the city physician. Too often she goes the rounds of welfare families looking for sickness. If she happens to be fortunate enough to find a child with a rectal temperature of 99° or 100°, she quickly suggests calling a doctor. Or she may think little Rudolph is not looking well and should have a tonic, so the doctor is again suggested. When I arrive I find Rudolph perfectly well; yet I have but one course to follow if I wish to hold the confidence of the family (to say nothing of preserving peace at the welfare office); so I prescribe the tonic. The nurse, having called frequently at the patient's house, has had time to win the family's confidence. I, on the other hand, calling for the first time, am regarded with dis-

COOPER CREME

THE ORIGINAL CREME FOR MARRIAGE HYGIENE

Learn Why Discerning Physicians Prefer it to Old Type Jelly

PROFESSIONAL SERVICE DEP'T

WHITTAKER LABORATORIES, INC. 250 WEST 57th ST., NEW YORK, N. Y.

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The Microscope Tells Why



Human feces after ingestion of Kondremul. The oil is intimately mixed with the mass.



Human feces after in-gestion of mineral oil. ote the large patches of free oil.



Human feces mixed in vitro with Kondremul. The mixture is almost identical with the first picture.

Microphotographs reveal that Kondremul is not broken down in the digestive tract, but remains in a state of fine emulsion throughout the bowel.

The microscope explains why Kondremul mixes so well with the bowel contents and corrects faulty elimination without leakage.

KONDREMUL with Phenolphthalein-combined laxative and regulator.

KONDREMUL with Cascara—adds the tonic laxative effect of non-bitter cascara to Kondremul.

KONDREMUL Plain-a corrective for deficient bowel action.

THE E. L. PATCH COMPANY BOSTON, MASS.

THE E I DATON COMPANY

!	Stoneham 80, Boston, Mass.
ļ	Gentlemen: Please send me clinical trial bottle of
ı	□ KONDREMUL (Plain)
1	□ KONDREMUL (with Phenolphthalein)
1	☐ KONDREMUL (with Cascara) (Mark preference)
i	Dr
i	Address
i	City State
1	NOTE: Physicians in Canada should mail coupon direct to Charles E. Frost & Co Box 808, Montreal—producers and distributors of Kondrenul in Canada.

PROLONG the Treatment ABSORB Secretions



ROSEBUD VAGINAL TAMPONS

The "Rosebud" fits snugly in the vaginal canal, so that any medication applied thereon will be sure to reach the affected area in the vagina or cervix.

The composition throughout allows prolonged application of medicinal agents, and effectively absorbs copious secretions.

The following are some of its outstanding advantages:

Cup-shaped to fit the cervix.

Soft texture of outer surface for comfort.

Firm texture within to retain shape when moist.

Apron to catch secretions. High absorptive quality.

Easily inserted, retained and withdrawn.

Supplied in four sizes: extra small, small, medium and large in boxes of one dozen.

McNeil Laboratories

Philadelphia · Pennsylvania

trust if I question the nurse's diagnosis.

And, speaking of diagnoses, I would not venture to say how many cases these nurses have diagnosed for me. Arriving at a house, I am often greeted with a card stuck up on the door, marked "Scarlet Fever" or "Whooping Cough"—the nurse having made the diagnosison her own responsibility.

My "run-ins" with the head of the welfare board have been many. Among retail stores, "the customer is always right." So, among welfare boards, the city patient is always right. Anyone can complain. and I am always wrong!



At this point let me give a few figures for the benefit of those who hail the approach of state medicine. I think my experience as a city physician is illuminating, to say the least:

Of the 150 cases, more or less. which I see each month, only about 3% require hospitalization. Often a patient is sent to the hospital because of poor home conditions, not because of the seriousness of the illness. About 60% of all calls are for treatment of slight colds, coughs, or other complaints which the average person has enough sense to care for himself. These calls would never be made if the client had to pay a doctor \$2 or \$3 apiece for them. Another 15% comprise cases that cannot be classified in any way as medical calls. The remaining cases—about 22% -are the only ones that actually require the services of a physician.

Yes, I'm resigning soon. Are you surprised?

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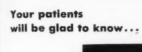
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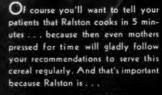
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- · A WHOLE WHEAT CEREAL ... with only the coarsest bran removed . . . providing an abundance of the bodybuilding, energy-producing elements that come from choice whole wheat
- . DOUBLE-RICH IN VITAMIN B ... pure wheat germ is added to Ralston to make it 21/2 times richer in vitamin B than natural whole wheat
- . PALATABLE AND ECONOMICAL ... tastes so good that the whole family likes it and each generous serving costs less than one cent.

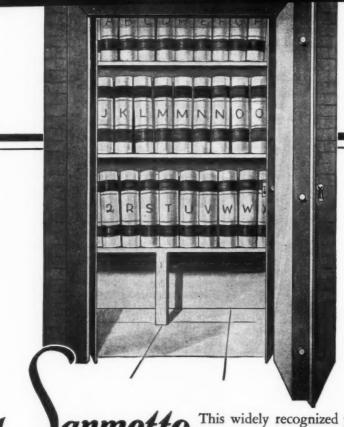
RALSTON PURINA COMPANY

Dept. ME 1734, Checkerboard Square, Saint Louis, Missouri Please send me a copy of your Research Laboratory Report.

Name

Address_

(This offer limited to residents of the United States)



This widely recognized preparation is recommended to:

Soothe the inflamed mucous membrane and ease the distress in acute and chronic infections of the urinary tract.

Minimize pain and assist recovery after urogenital procedures.

Reduce the discomforts secondary to an enlarged prostate.

SANMETTO administered orrally has a salutary effect from kidney to meatus.

The Successful THERAPEUTIC TEST

Usually one hundred cases treated successfully in clinical research establish the merit of a pharmaceutical preparation.

SANMETTO boasts more than 14,000 letters received from practicing physicians located in many corners of the world, commending its efficacy in actual daily routine practice. This is successful therapeutic evidence of the most reliable nature.

May we send you our booklet "By a Jury of Your Colleagues".

> Makers of Sanmetto, Peacock's Bromides, Cactina Pillets, Chionia, Prunoids and Seng ... Introduced to the Profession in 1885 . . . Fifty years of clinical experience. Samples to

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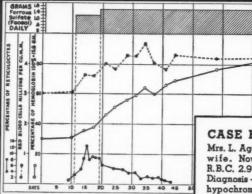
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55% Rise in Hemoglobin



The above chart illustrates the dramatic increase in hemoglobin response and red blood cell count produced by Feosol.—And the usual prescription cost is less than \$1.00 a month.

CASE HISTORY

Mrs. L. Age 41. Housewife. Nov. 6, 1934.
R.B.C. 2.97, Hb. 30%.
Diagnosis — idiopathic
hypochromic anemia
with menorrhagia and
achlorhydria. Ferrous
Sulfate (Feosol) 1.2 gm.
i.d. started. Nov. 25
increased to 1.6 gm. i.d.
Feb. 28, 1935. R.B.C.
4.28, Hb. 85%.

FEOSOL TABLETS

THE STANDARD FORM OF IRON

IN GENERAL DEBILITY—Eskay's Neuro Phosphates is of proven value in those conditions where a tonic is indicated.

ESKAY'S NEURO PHOSPHATES

■ A 66% SAVING FOR THE ARTHRITIC — The prescription package of Oxo-ate "B" has been increased from 24 to 40 tablets. The price remains unchanged.

OXO-ATE "B" (Calcium Ortho-Iodoxybenzoate)

SMITH, KLINE & FRENCH LABORATORIES, PHILA., PA.

South bend physicians get 7,600 New Patients

BY F. R. NICHOLAS CARTER, M.D.

No health department can function efficiently without undivided support from the local medical society. Realizing that, health authorities in South Bend, Indiana have instituted a drastic and successful change in their system for immunizing and vaccinating children.

For a number of years such preventive measures were achieved as follows: Parents of every non-immunized and non-vaccinated school child were asked to consent to having their children treated. Following parental consent, treatments were administered by selected physicians. These men were paid for their services on an hourly basis. All children were immunized without cost to their parents. It is apparent why this system fell into ill favor with private practitioners who were rendering the same services in their own offices.

At length the old way of doing things was discarded. A vigorous campaign was launched with a double purpose—(1) to teach laymen the value of preventive treatments; (2) to encourage parents to take their children to their family physician.

In our efforts to change over

from one system to another, only smallpox and diphtheria work were considered. The public relations committee of our local medical society prevailed upon members to give treatments at a reduced fee for a limited time.

A survey of the city schools revealed that, out of some 25,000 pupils, 7,500 had not had preventive care. Among the reasons were religious objections, fear of being hurt, ignorance of this type of work, and plain procrastination.

An organized drive was then begun to provide those 7,500 children with the protection they needed. A widely publicized luncheon started it off. People interested in health work of any nature were encouraged to attend. It is interesting to note what happened when

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Hats off to the health department of South Bend, Indiana! It has worked out a system that stimulates immunization and vaccination at the same time that it increases private practice. Dr. Carter, secretary of the department, takes you behind the scenes.

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local physicians realized that the campaign would send patients to their offices. Out of a possible 100 medical men, 95 came to the luncheon. The five who did not come were apologetic and gave plausible excuses for their absence.

Our superintendent of schools, the head of the local Parent-Teacher Association, and leaders of the different religious denominations were asked to deliver radio talks.

All our publicity stated plainly that if a family, in the opinion of the attending physician, was unable to pay for treatments, they would be given free. Physicians performed the work in their own offices; material was furnished by the board of health.

The parents of each boy or girl whose name was secured during the school survey were apprised, by postal card, that their child had not been immunized or vaccinated. The card also said that nurses would come to each home to explain how these treatments could be secured. A crew of eight nurses successfully took care of the 7,500 calls involved.

During the campaign the names of 1,000 children of pre-school age were added to the list of those who needed preventive measures. From among the total of 8,500, 7,600 were treated by their own physicians.

There are about 120 births here each month. Records of these births are placed in our alphabetical and birth-date files. In connection with these records we have established a permanent follow-up system.

When a child is born, a card identifying him is placed in our alphabetical file. A duplicate card is placed behind his sixth-month birth date. On that date the child's parents receive a postal card from the department of health. It states that such and such diseases are preventable, and that we feel it is their duty to take the child to their family doctor for preventive measures.

The file card is then placed another six months ahead so that if no report is received showing that the work has been done, a second postcard may be sent. The process is repeated until some physician reports that the child has been immunized and/or vaccinated. At that time a diploma attesting the fact and signed by the mayor and the secretary of the board of health

You can rely on VIM Square Hub NEEDLES

- to always be sharp, keen, ready to use;
- to be free from danger of rust, clogging;
- to be impervious to most acids, reagents;
- to be made from Firth-Brearley Stainless Steel;
- to have sturdy Square Hubs for easy handling.

Order VIM Needles from your Dealerask for "VIM."



From 7,600 hysi-

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Every Doctor will want to remember about

THE ORIGINAL HAWAIIAN PINEAPPLE

1 The original pineapple juice from Hawaii, Dole Hawaiian Pineapple Juice, has received the Seal of Acceptance of the American Medical Association's Committee on Foods!

2 It is a pure, unsweetened fruit juice, containing no added sugar or preservatives of any kind.

3 The important fresh-fruit constituents are retained to a high degree by the Dole Fast-Seal Vacuum-Packing Process.

A This juice is a natural source of vitamins A, B, and C.

5 An examination of the typical analysis included here will show you that this fine, natural fruit juice provides easily assimilated nourishment beneficial to children as well as adults.

Hawaiian Pineapple Co., Ltd., Honolulu, Hawaii, U. S. A .-Sales Offices: San Francisco.

Here is a Typical Analysis of

					-	-	~ ~			
Moisture										%
Ash										%
Fat (ether										%
Protein (N	X	6.25	(0.3	%
Crude fibre									0.02	2%
Titratable	aci	dity	a	5 C	itt	ic	aci	d	0.9	%
Reducing s	uga	ars a	15	ins	er	t s	uga	15	12.4	%
Carbohydr										
(by diffe	ren	ce)							0.38	3%



HUKILAU ... A SPORT OF OLD HAWAII—Huki, meaning "to pull" and lau, a rope made of it leaves. The bukilau is a sport in which everyone participates. The rope, in the shape of a horseshoe, is thrown into the sea, and the frightened fish are driven in circles and berded into shallow water where a net is dropped and catches them. The easiest fish to catch by this method are ulua, moi, kala, pualu, and oio.

How would you like to enjoy a cool, fragrant glass of Dole Hawaiian Pineapple Juice? Just send us a line on your letterhead and we will supply you with a sample can free. © 1937, H. P. Co., Ltd.

it may be the TANE, but it might be the TITHER!

 Many cases present a symptompicture which suggests Gout, on the one hand, and ARTHRITIS on the other—

Soreness, stiffness, slight enlargement of the phalangeal joints, impaired motility, or progressive loss of function . . . particularly manifested about middle-age. Other joints may be involved.

LYXANTHINE ASTIER

given per os in teaspoonful doses, once or even twice daily, usually brings about prompt amelioration of the condition; and, if persisted in, often a disappearance of all symptoms.

Lyxanthine Astier so acts by virtue of its associated synergists—
Iodine, Calcium, Sulphur, and
Lysidin Bitartrate (ethylene-ethenyl-diamine); the latter a powerful solvent and eliminant of metabolic waste.

*Tane or Tither, Scotch for one or the other.

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GALLIA LABORATORIES, Inc. 254 WEST 31st STREET, NEW YORK is issued to the child.

These certificates form the basis for a contest conducted each year in the city schools. It starts on May 1—Child Health Day—and continues throughout the month. Last year children were informed that in each school the classroom which secured the greatest number of certificates would be given a bushel of apples. A point system was worked out whereby percentages could be computed. Good, wholesome rivalry marked the struggle to win those apples.

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A grand prize was also offered for the school showing the highest percentage of preventive treatments among its pupils. The prize, a large oil painting by a local artist, was presented by the mayor.

Any South Bend boy or girl who has been rendered immune from diphtheria and smallpox is eligible for membership in the Happy Health Club and wears a button to prove it. Each year during Child Health Week members of this club deliver broadcasts. One child from each of our 35 schools is selected.

Obviously, those radio talks are a great help in furthering our cause. Every child in the school from which the broadcaster comes listens in. Many parents do too. The radio station allows us fifteen minutes each day during Child Health Week. The children's talks are interspersed with others by the mayor, by members of the health department, and by civic leaders interested in public health.

We have spent less than \$400 on the campaign, all told. The money used for publicity was formerly paid to physicians employed for preventive work on an hourly basis.

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We rushed the season on that dry, warm and windy Thursday about Neither could we wait for spring. Dear Son: He had a miserable day, he lost a new ball in that patch of jungle on the second, lost another on the fifth, and then dropped two into ball that looked more like a potato than a golf ball. Swung very carefully, but it swerved across the highway. He was through, absolutely However, after the 19th hole he left for home feeling more cheerful. - Until several days later his hands and face developed through. an erythematous eruption, with considerable burning and itching. Soon both areas were studded with vesicles and a few bullae.

I immediately suggested CAMPHO-PHENIQUE LIQUID POISON IVY_The Last Straw. every three hours during the day, and CAMPHO-PHENIQUE OINTMENT in the evening and at night. The big advantage in this treatment aside from its soothing qualities, is that the liquid needs

no covering and is quite invisible. The results obtained by this treatment were quite satisfactory. In a few more days I'm sure that Jack will be "itching" for another game of golf. Jack knows ivy with leaf on it, but not the bare

The sap from a broken twig must have vine.

This possibility and the efficacy CAMPHO-PHENIQUE in the treatment of poison ivy, I learned in the School of Practical Experience. Be sure to remem School of Practical Experience.

Million	ine ap.
	Phenique sooth
P. S. Camphu plied to minor plied to defici	burns it.
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CAMPHO-PHENIOUE COMPANY 500-502 N. Second St., St. Louis, Mo.

Gentlemen: Please send me sample of Campho-Phenique.

Address

City and State USE THIS COUPON

Some Dramatic Figures on Blood Analysis

in everyday diagnosis and practice

THIS situation is worth reporting for its significance to the progressive practitioner anywhere. Because it reveals sharply increasing reliance upon hemoglobin determination by the doctor himself—and throws additional light on the need for effective, modern anti-anemic treatment in a surprising variety of cases and conditions.

The facts are these. First, there has been a sudden, dramatic upturn in sales of hemoglobinometers—as reported by manufacturers. Second, more than sixty per cent of medical schools today require that students possess these modern instruments. And third, medical laboratories disclose a sharply-marked rise in requests for blood analyses.

It is a development as natural,

logical and inevitable as was adoption of the stethoscope—or any of the modern aids to accurate observation, knowledge and diagnosis.

Recent research clearly indicates that secondary anemias are on the increase. And it has long been agreed that clearing up coexisting anemia will expedite specific treatment for the major trouble, and hasten convalescence. "In treating any disease—remove co-existing anemia." Int. Clinics, Vol. III, Sec. 30.

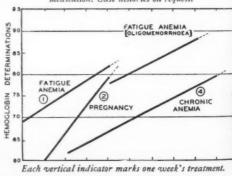
To possess accurate

knowledge of the blood picture in any disease from acne to septicemia—has never been more vitally important. Having it, diagnosis is quick and accurate—and the indicated therapy clear. Today such knowledge is easily and simply available.

An effective hematic

In considering your own work in blood analysis and anti-anemictreatment, you will find it valuable to be informed about HEPTOGENE—a reconstructive and roborant of uniquely high efficacy, admirably free from irritating, astringent effects. The formula is given here for your information—and, upon request, we will gladly send you a professional sample, together with copies of typical case histories.

Typical hemoglobin increases accompanying HEPTOGENE medication. Case histories on request.



BIOBASIC PRODUCTS, INC.

International Building, Rockefeller Center, New York, N. Y.

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Note low in ingredients it inted accord minimal dos bemoglobin encountered.

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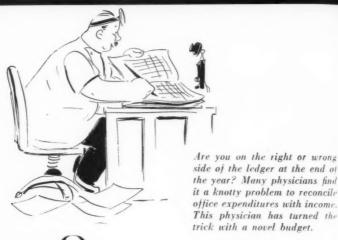
DR. ADDRESS.

CITY. STATE.

International Bldg., Rockefeller Center

New York, N. Y.

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Out of the red

A THE RISK of sounding like a testimonial writer, I shall start by saying that three years ago I was thoroughly discouraged. The more I economized, the higher my office expenses seemed to mount. I was doing a lot of work, but collections were so poor that my total income barely covered professional expenditures.

In desperation I took my troubles to the president of our local bank. He soon confessed his unfamiliarity with the business detail of medical practice. But, as he saw me to the door, he made the cryptic suggestion that I "shouldn't have any office expense."

The idea sounded good if impracticable. Trying to figure out how to follow it, I hit upon the budget which now controls my economic destiny. Sixty-five per cent of all revenue from practice is my

salary; 10%, my secretary's; 25% is allotted to general office expense. The latter item covers rent, telephone, light, insurance, society and medical library dues, collection costs, office supplies and equipment, etc. Since I do my own dispensing, the cost of drugs is also included. Income from dispensing is added to that received for professional services.

After dividing my income, I decided to divide responsibility as well. I am responsible for the examination and treatment of patients. My secretary handles bookkeeping, collections, some laboratory and physio-therapy work, plus arrangements for my office, hospital, and house calls. We share responsibility for the manner in which office-expense money is spent.

Together we try to devise means to effect economies. All long-dis-

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Education of a Young Alimentary Tract

Diana Dann at 4 months

When Clapp's Strained Baby Cereal and Clapp's Strained Vegetables were introduced into Diana's diet, her alimentary tract began to get a real education.

When baby-foods are too finely divided, they give the growing digestive system too little exercise. The Clapp's Foods are strained to the exact degree of fineness that pediatricians recommend.



Diana Dann at 7 months

Adding 3/4 of an inch every month, and several ounces each week, Diana has been making good use of the fine growth materials in Clapp's Foods. Only the choicest fruits and vegetables are good enough for these special baby foods. And all the vitamins and minerals are protected by swift pressure-cooking.



Diana Dann at 10 months

Now Diana weighs 20 pounds and she's just started to walk. All year long, her favorable progress has over known interruption, as more and more of the Clapp Foods have been added to her menus. With 16 varieties to sample, Diana has learned a happy acceptance of new flavors. And her digestive capacity has been neither strained nor pampered, for the advice of the baby specialist was sought on the ideal texture for every one of her Clapp Foods.

Unusual attention to pediatricians' requirements is natural in a company that makes nothing but baby foods—in a plant whose heart is the laboratory.

16 VARIETIES

Soups: Baby Soup (Strained), Baby Soup (Unstrained), Vegetable Soup, Beef Broth, Liver Soup. Vegetables: Tomatoes, Asparagus, Spin-

ach, Peas, Beets, Carrots, Green Beans. Fruits: Apricots, Prunes, Applesauce Cereal: Baby Cereal.

FREE.—May we send you a comprehensive booklet of recent findings on Infant Feeding? Address Harold H. Clapp, Inc., Dept. 611, 1328 University Avenue, Rochester, N. Y.



THE ORIGINAL STRAINED BABY FOODS



tance telephone calls in behalf of a patient are charged directly to him. The use of gas has been discontinued. Now, greater consumption of electricity brings us the benefit of lower rates. We have made our greatest savings, however, by cutting the costs of office supplies, equipment, and collections.

To make sure that we buy the best and only what we need, we do not order directly from detail men. When we have decided what we want, we send our order to the firm involved. However, we make a special point of seeing to it that our detail men get credit for the sale.

All equipment is bought on the basis of our need for it and how it will increase our revenue. As a result of careful planning along those lines, new apparatus pays us instead of our paying for it.

If our budget is to be adequate, we have to collect at least 85% to 90% of our charges, and collection costs have to be limited. Therefore, we have framed several iron-clad policies:

Statements are rendered promptly on the twentieth of each month—shortly after people have paid for light, telephone service, and groceries and before next month's bills have been received. From two

to four bills are sent in the event of non-payment, depending on the size of the account. We estimate that every statement costs us 10c. So, unless an account is over \$5, no more than two statements are rendered.

If no payment is received on an account in six months, it is handed to a collector. No warning is given to the patient. Otherwise, he'd have time to assign his property to his wife and make himself judgment proof.

Has my system worked? It certainly has. Instead of being broke all the time, I am now able to make some investments. My office is well equipped and well stocked. Collections? In 1936 I collected twelve for every thirteen dollars' worth of service rendered. Last year there was a handsome balance in the fund allotted to office expense. My secretary and I shared it-fifty-fifty. No, I don't begrudge her the extra money she is receiving. I never realized that a secretary could be such a remunerative investment. Now that my interests are hers, I am no longer paying her; she is paying me.

As Benjamin Franklin once said, "Keep your office and your office will keep you!"

NO WIRING - NO DRYING VIM Needles Always Ready to Use

You do not have to wire or dry VIM Square Hub Needles after cleansing, and they are always ready to use. You get freedom from clogging, rust and corrosion, too.

Made from Firth-Brearley Stainless Steel, the points stay sharp—even after repeated sterilizations. For needle economy specify "VIM" Needles when you order.

Sold through your Surgical Instrument Dealer.



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Use of Correct Intensifying Screens

makes big difference in results

LEADING roentgenologists agree that today the careful selection of intensifying screens is more important than ever before.

Experience has proved that roentgenologists cannot fully satisfy today's extremely exacting requirements in making negatives, nor obtain from highly developed modern X-ray equipment the finest work which it is capable of producing . . . unless intensifying screens of exactly the right type, and of highest quality, are used for each individual job.

To assure the best results in each case, it is necessary not only to select an intensifying screen which

is suited to the X-ray apparatus used, but one which has the correct speed and will produce the desired quality at that speed.

If you are not acquainted with the comprehensive variety of screens made available by Patterson to meet each individual need we are confident it would pay you to investigate. Your dealer will gladly give you complete data.

New and Helpful Information

The following new Patterson Leaflets are now available: (1) Casectte Contact; (2) Care of Intensifying Screens; (3) Patterson Mounting Paste and Method of Mounting Intensifying Screens. Send for any in which you are interested.

The Patterson Screen Co., Towanda, Pa.

Patterson

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Screens FLUOROSCOPIC

SCREEN SPECIALISTS FOR MORE THAN TWENTY YEARS

Salines ..

in CUMULATIVE CONSTIPATION

Although they may have a movement daily, sedentary individuals who eat excessively are benefited by taking salines once a week or at other regular intervals. This eliminates the redundant feces accumulated during the week.

Sal Hepatica

is doubly beneficial in cumulative constipation: it helps to rid the intestines of excess waste, gently, surely and thoroughly. Mild stimulation of the intestinal musculature, diminished absorption and increased osmosis accomplish this end. Sal Hepatica also supplies physiologic mineral salts to replenish the alkaline store. The system is better able

to ward off disease; general well-being is improved. Sal Hepatica stimulates an increased rate of bile flow from the liver into the gall bladder and thence, into the duodenum.

Sal Hepatica efficiency closely resembles that of famous natural aperient Springs. It makes a fine, effervescent drink . . . Samples and literature upon request,

Sal Hepatica Flushes the Intestinal Tract and Aids Nature To Combat Acidity

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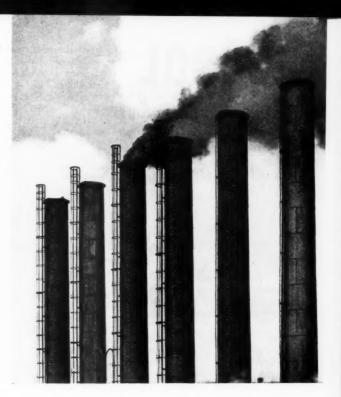
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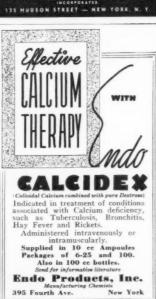
Two basic American industries—steel and automobiles—accounted for most of the important investment and business news of the past month. Marked progress toward peace between capital and labor was made by each industry. The importance of this development is great; it means that the concern felt a short time ago over the possibility of wide industrial

BY FRANK H. McCONNELL

tie-ups has disappeared for the time being at least.

In smoke-laden Pittsburgh, steel labor won a real victory. United States Steel, long the industry's strongest bulwark against organized labor, accepted the demands of John L. Lewis' Committee for Industrial Organization. Sharpest





of these demands, as they hit the pocketbook of the steel corporation, were a 40-hour week and a \$5-minimum day. For the industry as a whole, it is estimated that this step-up in wages will increase by \$150,000,000 the cost of manufacturing steel throughout the country. Hence, a continued rise in steel prices is inevitable.

In the automobile industry, labor's victory was not so decisive. Nevertheless, in this field, too, the union forces of John L. Lewis won a wage increase. The cost of manufacturing cars will therefore increase also. There is still talk of sit-down strikes in Detroit, the nation's motor capital, but these do not seem so far-reaching in consequence as they did when General Motors' plants were closed down.

Automobile men do not believe the smaller companies, or so-called independents, will long resist the trend toward higher wages. Consequently, an increase in production is forecast. Final figures for March are expected to approximate 575,000 cars or more. With the exception of three peak months in the record year of 1929, this will be the highest figure for any month in the industry's history.

Effects should be stimulating. More active security markets with probabilities of rising prices for shares are expected.

More Power

Another important industry now appears to be joining those which for a year or longer have been reviving. This is the division of manufacturing which furnishes the turbines and generators for public utility companies.

[TURN THE PAGE]

GASTRIC HYPERACIDITY TREATED BY COLLOIDAL ADSORPTION



The Newer, More Rational Method of Removing Acid Excess

Objections to Chemical Neutralization

- 1. Peptic digestion may be hindered or prevented.
- 2. Intensive alkaline treatment may lead to alkalosis.
- A secondary and more pronounced rise of acidity may follow administration.

Advantages of Colloidal Adsorption

Alucol, an allotropic form of aluminum hydroxide, takes up acid excess chiefly by colloidal adsorption—a physical, not a chemical, process. Offers these advantages:

- No interference with digestion—Alucol takes up excess acid, leaving sufficiency for continuance of peptic digestion.
- 2. Alucol does not lead to alkalosis.
- 3. Does not cause a secondary rise of acidity.

Convince yourself of these advantages by making a clinical test of Alucol. Use this coupon.

ALUCOL

For years the utility equipment business has been stagnant. Prior to 1929, the utility companies had increased their power-generating facilities to meet a demand which, until 1936, had never been exceeded. In 1930, in response to a call from President Hoover, the utilities spent nearly \$1,000,000,000 for extra equipment. It was Mr. Hoover's thought that large expenditures by industry would help to arrest the depression; possibly change its entire course.

As a result, the utility companies in the dismal years of 1931, 1932, and 1933 found themselves with a shrinking demand for power, while their facilities for producing it were the largest ever. In 1935, demand for electricity began to increase, and in 1936, production figures reached record high levels; until now again the industry faces a need for additional equipment.

This condition makes the prospect for electrical manufacturing and electrical equipment companies much brighter than it has been in years. Purchase of shares of strong companies in this field offers attraction.

Movie Records

Leading motion picture companies report their best season, just ended, since 1929. In fact, actual attendance was higher than it was eight years ago, although money taken in at the box offices of the nation's motion picture houses probably totaled somewhat less. The reason, of course, lies in lower prices charged for amusements today than in pre-depression years.

This performance spells better profits for the motion picture companies. However, from the standpoint of the market for cinema shares, it is likely that buying enthusiasm will slow down until the end of summer. Then the industry will again be looking forward to Labor Day's opening of the approaching winter season, and interest in shares of the amusement business will be greater than now.

While this seasonal influence will not affect the industry's wellbeing in the slightest, it does not encourage purchase of additional shares at this time. Such purchases can well be deferred.

Refiners Preparing

From the oil industry comes word that more people are expected to take to the open road this year than last. The refiners who make the gasoline you use are producing much more gasoline than usual. Stocks of gasoline.

S Y P H I L I S

THIOBISARSON prevents Leucopenia, and increases rate of resolution of luctic lesions and aids in rendering the Lymphatic glands sterile. Causes rapid disappearance of the Treponema from primary and specific lesions, usually within 48 hours. Solution is stabilized, ready for instant Intramuscular use.



THIOBISARSON is a synthetic metallo-dye organic compound containing bismuth and organic pentavalent arsenic—all in ommolecule; with approximately 36% Bismuth and 13% Arsenic.

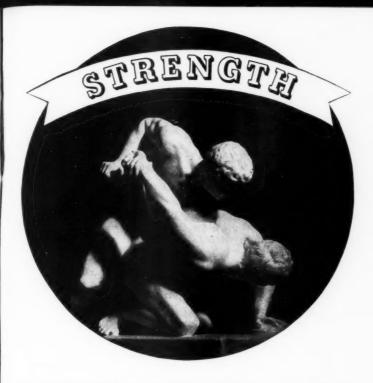
Literature on request.

VINCENT CHRISTINA, Inc. 215 East 22nd Street New York, N. Y.

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Neobovinine with Malt and Iron

The reserve strength in the hu- health. Neobovinine with Malt man body is often insufficient to and Iron provides liver, iron satisfy its demands. Anemia following infection, operative treatment, or hemorrhagic conditions requires a reconstructive agent to restore the patient to normal

and malt to accelerate restitution from hypochromic anemia. It is pleasantly flavored, easy for both children and adults to take. Send for samples.

THE BOVININE COMPANY, CHICAGO, ILLINOIS

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CEANOTHYN

Post - operative bleeding can be greatly reduced by timely use of the alkaloidal coagulant, Ceanothyn.

Given before surgical intervention, Ceanothyn fortifies the patient against excessive blood loss, may prevent post-hemorrhagic anemia, provides a clearer oper-

ative field.

In non-surgical bleeding—menorrhagia, epistaxis, pulmonary or gastric hemorrhage — Ceanothyn is valuable because it acts quickly, is uniform in potency (physiologically standardized), is conveniently administered and never induces toxic after-effect.

We shall be glad to send you full information and a clinical sample for trial.

Ceand Dr.		101	CH	mear	test.
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which will be shipped from storage to gasoline stations when warmer weather arrives, are currently at the highest mark in American history.

Meanwhile the industry has been producing crude oil, from which gasoline is made, in large amounts. Output of crude is also at record

high levels.

Ordinarily, this picture of bulging supplies of gasoline and crude oil in storage would dishearten investors and dismay the industry. But neither investors nor oil men are disturbed in the present instance. It is the season, they explain, for stocks to increase; and they believe the industry will have no difficulty in selling it to the motor-minded American public. Supporting this belief is the evidence that more people will buy cars this year than last.

Retention of shares in the oil in-

dustry seems advisable.

Silk Stockings

A noteworthy change in American buying habits has occurred during the past few years. People today are willing to spend more money. Consequently, those manufacturers of so-called quality articles are earning larger profits now than they have for a long time. Included in this group are the makers of silk stockings.

Comparatively few leading hosiery companies held their product at highest quality standards during the depression. Most of them reduced prices and used cheaper materials in making their stockings. Those that did not are now deriving a benefit. Their trade is increasing and they expect that 1937 will be a good year.

While care must be taken to buy



NOV. 5, 1936





NOV. 25. 1936

Little of an interest of the state of the st entirely pleased THE PREFERRED DERMAL THERAPEUTIC

. NON-STAINING · READILY ABSORBED

> · ANTI-PRURITIC . ANTI-SEPTIC

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an important factor in Mazon treat-MAZON SOAP

INDICATIONS

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ment, cleanses and prepares the skin

Therapeutically balanced. Absolutely

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IS MAZON PART OF YOUR EQUIPMENT, DOCTOR?

Samples and literature on request

BELMONT LABORATORIES.

AND OTHER SKIN ATHLETE'S FOOT RING WORM DISORDERS DANDRUFF ALOPECIA PSORIASIS ECZEMA

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shares of only the strongest companies in the silk hosiery field, the industry has improved enough to encourage investors. Moderate purchases would seem to be in order.

Railroad Coaches

Recently this column mentioned the better outlook of railroad locomotive builders. Since then a fairly large volume of new orders has been given by the nation's railroads.

Still more recently another business which is closely akin to locomotive-building has begun to feel the benefit of better railroad purchasing. That is the group of manufacturers of railroad passenger cars.

Since the railroads reduced fares—done only recently by the Eastern carriers—their passenger traffic has increased. The roads have regained much business which had been lost to automobile buses. As a result, the railroads find they need more coaches.

According to one manufacturer of passenger coaches, the railroads now have in service 14,000 fewer cars than they had ten years ago. He believes they face the prospect of greater traffic now than then. As a result, he estimates the roads

must buy 14,000 cars over the next several years to accommodate this increase in traffic. Figuring the cost of each car at about \$50,000, he sees in the offing a volume of railroad coach business aggregating some \$700.000.000.

That is enough money to bring profits to all the leading manufacturers of coaches. Purchase of the industry's shares seems well justified.

IN FLOOD'S WAKE

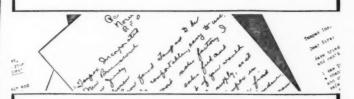
ACUTE DANGER of epidemic in the Ohio and Mississippi flood areas having passed, the U.S. Public Health Service, cooperating with state health authorities, is making plans for an attack on the more permanent health and sanitation problems that remain. The program includes grants to aid state and local health authorities in preventing the spread of disease, in preserving the health of sufferers, and in expanding health units where neccessary. President Roosevelt has approved an appropriation of \$1,062,000 for special health needs beached by muddy waters-for example, the restoration of safe drinking water, disposal of sewage, rehabilitation of submerged homes, and immunization against smallpox and diphtheria.



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HUNDREDS OF WOMEN HAVE WRITTEN TO US..

thanking us for making possible this "civilized" method of sanitary protection.



IAMPAX is worn internally, a tampon perfected for use during the menstrual period. Binding belts, chafing, the discomfort of pins and pads, insecurity, are eliminated. Odor is reduced to the minimum, since Tampax prevents its formation.

We feel confident that you can recommend Tampax for all cases of normal menstruation, exceptions being those infrequent cases of intact hymen in which the opening is too small to accommodate Tampax.

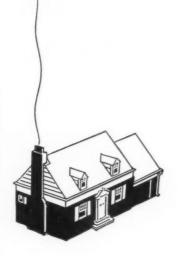
EXCLUSIVE ADVANTAGES OF TAMPAX

- 1. Each Tampax comes in its own applicator (complete in an individual sealed wrapper) assuring easy, hygienic insertion.
- 2. The tampon is made of highly absorbent surgi-, the tampon is made or nignly absorbent surgical cotton, compressed by a patented process to one-sixth its original size...so that while insertion is simplified, the tampon expands when moist and can absorb approximately $1\frac{1}{2}$ ounces. (The average menstrual flow during the entire period is from five to ten ounces.)
- 3. Tampax will not disintegrate.
- 4. A cord is sewed securely through the cotton, assuring easy and complete removal.

free -TO PHYSICIANS

We will be glad to send to interested physicians a full-size package of Tampax, together with a folder giving more complete details. Address Dept. ME-10.

TAMPAX Incorporated New BRUNSWICK, N. J.



FIRST AID IN THE HOME

A good liniment like Absorbine Jr. serves many useful purposes in the home—for the first aid relief of minor accidents to the muscles—wrenches, sprains, muscular soreness and stiffness, bumps, thumps and bruises. It is safe, soothing and relieving. Also effective for Athlete's Foot. We shall gladly send you a professional size bottle without obligation upon request.

W. F. Young, Inc., 207 Lyman Street, Springfield, Mass.

ABSORBINE JR.

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CLEARED FOR ACTION

It took \$25 to banish chaos from the top of Dr. Burrow's desk. Then life and practice grew sweeter.

"Burrows, I CAN'T FIND that damned thing anywhere!"

Thus, after ten minutes of helterskelter search, my colleague lamented the apparent disappearance of a report we were to consider. I glanced around his office. The desk was a shambles of pamphlets, periodicals, and unanswered correspondence. Instruments lay in a clutter. Bottles and dressings were strewn about with utter abandon.

No wonder he was embarrassed and slightly desperate!

If I were a patient, I'd want my medical attendant to concentrate on me. I'd feel that he couldn't do so unless everything in his office were spic and span as though assembled for my personal benefit. I'd lose confidence if I saw him dodging around searching nervously for some misplaced object necessary to a correct analysis of my case.

Bernard Baruch says, "The man who can master his time can master nearly everything." For years conservation of time has been an important factor with me. If, by scrupulous measures, I can save an hour daily, it means an opportunity to see several more patients; to delve into magazines, books, or medical journals; or to exercise out of doors.

I took my cue originally from an executive of a large commercial concern. I had frequent business dealings with him. Whenever we met in his office for a conference I noticed that his desk was almost bare. There were no piles of unanswered correspondence, no stacks of pamphlets, no catalogues, no memoranda to divert attention—only a clock, a calendar, and a paper weight.

I always got the impression that the man behind the desk was free to think and act clearly and promptly. If he wanted a record, a copy of correspondence, or data for the discussion at hand, a buzzer summoned his secretary. Quickly she withdrew the desired item from one of several nearby filing cabinets. Such material was replaced immediately when it had served its purpose.

Some time ago I decided to follow this man's example—to conserve my minutes, preserve my patience, and serve my patients.

I soon unearthed an opportunity to purchase, for \$25, a pair of good-as-new metal cabinets, each holding 27 drawers. They are all steel; they measure approximately 37" high by 31" wide, by 14" deep; and are enameled in olive green. The drawers, arranged in tiers of nine, are 3" x 9" x 12". Each one may be removed easily. but it can not be slid out and dumped accidentally. A metal handle and a slot to accommodate a list of the contents grace the front of each drawer. The two cabinets, placed together, provide a strategic place for books, bric-a-brac, flower vases, or other items with which I like to decorate my sanctum.

Every physician's office contains numerous articles which demand segregation. They must also be

DEPENDABLE SANDALWOOD OIL THERAPY

IN ACUTE OR CHRONIC INFLAMMATIONS OF THE UROGENITAL TRACT

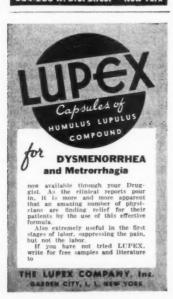
In Gonorrhea, Cystitis, Vesical Catarrh, Prostatitis, Urethritis, Pyuria, Pyelitis, Pyelonephritis, prescribe

(ASTIER)

Arheol is the purified active principle of East Indian Sandalwood oil, freed from the therapeutically inert hut irritating substances found in the crude oil—a chemically pure, standardized preparation with which uniform results with identical doses may be expected.

Write for Information and Sample ME A

GALLIA LABORATORIES, Inc. 254-256 W. 31st Street New York



immediately accessible. I reserve eighteen cabinet drawers for filing advertising matter from as many representative pharmaceutical concerns. I file only what appeals to my particular interest—material detailing a new drug or treatment idea that I might wish to consult on the spur of the moment.

Other cabinet drawers hold unanswered correspondence, unpaid bills, reprints of medical articles, and advertisements pertaining to matters outside the medical sphere. Still others harbor cigarettes, matches, pens, inks, pencils, stationery, and various office gadgets.

All available space in my cabinets is now in use. As soon as things begin to be crowded out or to spill over on to my desk, I shall add a third unit.

No longer do I have to fume and wonder where things disappear to. The reduction of wear and tear on my nervous system alone is worth a good deal more than the \$25 it cost to get cleared for action.

-FLOYD BURROWS, M.D.

COLLECTING FROM ESTATES

WHEN A PATIENT dies who will pay the physician? Medical men cannot take time out to study law, but they should know that a bill owed by a deceased patient is quite likely to become enmeshed in the technicalities of estate administration; and unless the doctor heeds at least certain of those technicalities, he may never be paid at all.

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CAPROKOL CAPSULES

As a prophylactic measure prior to instrumentation or operation on the urinary tract, the incidence of accidental infection can be minimized by the administration of Caprokol Capsules or Caprokol In Oil. Administration should begin a few days before instrumentation or operation and be continued several days thereafter or until the wound is healed.

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The usual dosage is two to four Caprokol Capsules or one to three teaspoonfuls Caprokol In Oil following each meal. Caprokol (Hexylresorcinol, S & D) is the active ingredient of Caprokol Capsules and Caprokol In Oil. It is a powerful germicide, possessing a phenol coefficient of over seventy, but is non-toxic when taken by mouth in therapeutic doses. It is excreted by the kidneys in sufficient quantities to impart active germicidal properties to the urine.

Caprokol Capsules are for administration to adults and Caprokol In Oil for administration to children.

"For the Conservation of Life"

Pharmaceuticals SHARP & DOHME Mulford Biologicals

PHILADELPHIA

BALTIMORE

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tives pay the bill out of their own pockets, no problem arises. But if, as often happens, the physician must look to the deceased's estate for his money, his bill becomes a mere claim against the estate and must be dealt with according to law.

Ordinarily, an estate is administered in the state in which the patient had his home, not in the state in which he died. Thus, if a man whose home is in Michigan dies in Florida while visiting there temporarily, the estate will be administered in Michigan, and Michigan law will control the handling of the doctor's claim.

Each state has its own law with respect to the form in which such claims must be presented. In some states a simple, informal voucher is sufficient; in others a claim will not be recognized unless presented on a special form prescribed by law.

Quite often the estate officials or court in the county where the estate is being administered will supply printed forms to doctors and other creditors on which to draw up their claims. In any event, information as to the form in which the claim must be presented can be obtained from such official or court. Incidentally, the importance of complete and accurate records should be emphasized in connection with filing a claim against a deceased's estate. For it is quite possible that the doctor may be called upon to prove his bill, item by item,

In some states the claim has to be presented to an executor or an administrator; in others, it must be filed with the probate court, surrogate, registrar of wills, clerk of the court, or other specified agency. The name or title of the proper court or official may generally be obtained by inquiry at the county seat of the county in which the estate is being administered.

Most important from the standpoint of the physician trying to collect his bill is the time limit set by each state for presenting claims. In some states a period of only two months is allowed. If the physician does not file his claim in proper form within that time, he may be barred forever from collecting his money. The purpose of these laws which establish time limits for filing claims is to enable estates to be settled as promptly as possible.

If in doubt about the time limit in your particular state, be sure to file claim promptly.

-CHARLES ROSENBERG, JR., LL.B.

Cyslogen Cithia

Cyslogen Cithia

the dependable urinary antiseptic

methenamine in its purest form

In the treatment of cystitis, pyolitis, urethritis, etc.. Cystogen has been found truly effective in both chronic and acute conditions. Cystogen promptly relieves renal and vesical discomfort. Ammonical, fetid urine is made non-odorous and non-irritating by Cystogen. because it sets free in the urinary tract a dilute solution of formaldehyde. In 3 forms: Cystogen Tablets, Cystogen Lithia, Cystogen Aperient. Free samples on request. CYSTOGEN CHEMICAL CO..882 374 Ave., Brooklyn, N. Y.

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STOPS SPASMS

TRASENTIN

"Ciba"

Ciba presents to the medical profession TRASENTIN, a new anti-spasmodic. Investigations have shown that Trasentin relieves both myogenic and neurogenic spasms of smooth muscle. Trasentin manifests all the desirable actions of atropine without the unpleasant side actions such as cardiac, ocular, salivary and other glandular disturbances.

Indications: Cardiospasm, pylorospasm, spasm associated with peptic ulcer, spastic constipation, biliary colic, renal colic, vesical tenesmus, dysmenorrhea, and wherever symptoms are of spasmodic origin.

Trasentinis the hydrochloride of diphenyacetyl-diethyl-aminoethanol. Its ready solubility, rapid absorption, and low toxicity assure you a quick-acting, reliable antispasmodic.

Administration may be oral, subcutaneous, intramuscular, or in severe cases, intravenously.

TRASENTIN is available in
Tablets, each containing 75 mg.
Bottles of 20 and 100
Ampules (1.5 cc.), each containing
75 mg. Cartons of 5 and 20

Samples and descriptive literature upon request



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Lahoratory record of blood pressure and intestinal movements of a dog. At (A) 50 mgm. barium chloride was administered; at (B) 50 mgm. Trasentin. Note the cessation of smooth muscle spasms in both the intestine and the vascular system.

CIBA COMPANY, INC. New York, N. Y.



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Modernize your consulting office economically!



You can modernize and economize with Sealex Linoleum Floors and Walls!

These modern materials will impart a valuable new dignity and charm to your offices. They'll save you money, too! For there's no costly maintenance — Sealex Linoleum never needs refinishing throughout its long life. And re-

member, both Sealex Floors and Sealex Wall Linoleum have a perfectly smooth, sanitary surface that is easy to keep spotless.

Quickly installed by authorized contractors, Sealex materials carry a guaranty bond covering the full value of workmanship and materials. Write for details!

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Liability for a wrong diagnosis

BY ROSS DUDLEY, LL. B.

THESE ARE THE HIGHLIGHTS of a case tried recently before an Ohio court of appeals:

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A forty-year-old woman ceased to menstruate and began to experience nausea accompanied by excessive vomiting. Two physicians who examined her suspected menopause or pregnancy. One of them, deciding that it was best to accept the positive symptoms and to forego x-ray diagnosis, advised her to delay a few weeks and await developments.

At the end of three months the patient went to a third physician. After describing her symptoms, she asked him if she was pregnant. She added that she had been examined by two other physicians and she reported their conclusions. The new man insisted upon an x-ray and, after that, an immediate gallbladder operation. He insisted that she either undergo the operation or secure another doctor.

When the surgeon to whom the case had been referred began to operate, he discovered that the patient actually was pregnant and that her gallbladder was affected no more than is usual in pregnancy.

Shortly thereafter the physician who had diagnosed the case as one calling for an immediate operation found himself the defendant in a malpractice action. His erstwhile patient brought suit claiming that he did not use reasonable and proper care or skill in endeavoring to discover the cause of her illness, in making the diagnosis, and in recommending treatment.

The defendant asked for a directed verdict. He contended that there could be no recovery against him because he had acted honestly in making his diagnosis. The jury disagreed. The physician decided to appeal the case, contending that he was entitled to a directed verdict.

The appellate court ruled against him and remitted the case for another trial. Said the court, "A physician, if negligent, may be liable for damages as the result of a wrong diagnosis honestly arrived at when that diagnosis is followed by treatment for the incorrect ailment, the patient, as a result, being injured. It is the duty of the

A

A physician's best judgment leads him to make an honest but incorrect diagnosis. The patient is treated for the wrong ailment. Can the practitioner be held liable in a malpractice suit?

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Preventive Medicine for FINANCIAL ILLS

The practicing physician or surgeon is a "one-man business," depending upon the functioning of his own eyes, hands and brain for an income. Anything which impairs his physical or mental effectiveness interferes with the earning capacity of that business.

Sickness and accidental injury usually cause an *acute* impairment of earning power, old age or dismemberments a *chronic* impairment.

Monarch protection plans will do the same thing for your "financial constitution" which preventive medicine does for your patient. Insurance with Monarch provides that "reserve" which is necessary to ward off an attack of financial ill-health before it occurs.



MONARCH LIFE INSURANCE CO. Springfield, Massachusetts

Specialists in Protection Plans for Professional Men jury in this case to determine whether the doctor failed to use reasonable skill and diligence in his examination and in arriving at his diagnosis of gall-bladder trouble when he knew that other physicians had already suspected pregnancy on the basis of positive symptoms."

Against the background of the case just described several points stand out clearly.

The mere fact that a diagnosis is honest does not free a physician from liability. Before the law he has no right to act in ignorance of what is reasonable care and diligence, regardless of the integrity of his motive and diagnosis. In spite of the fact that his own interpretation of a patient's symptoms is forthright, he cannot disregard stubbornly the conclusions of other medical men without laying himself open to unpleasant legal consequences.

After a diagnosis the practitioner must again exercise every precaution in the treatment he outlines. The propriety of his action in prescribing a certain remedy or operation is to be determined, in part, by whether he did or did not refer to existing pertinent facts which were or ought to have been

=TAXOL

FOR THE CORRECTION OF CONSTIPATION

Prescribe TAXOL routinely whenever this pathological factor is stubbornly entrenched. Mild, harmless, and very effective where cathartics and purgatives are contraindicated. Send for generous sample and literature.

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1841 Broadway New York
TAXOL

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Individualized CORRECTION

For Effectively Treating

Weak or fallen arch and flat-foot constitute a large part of affections of the feet. They are often responsible for ills in parts of the body remote from the feet, such as fatigue after standing or walking, pain in arch and ankle, backache, rheumatoid pain in the knees and legs, etc. Proper mechanical support quickly relieves these conditions.

This objective is attained in Dr. Scholl's Arch Supports. They are designed for all types of feet and degrees of arch depression and are molded to fit each patient's individual needs and afterwards adjusted by easy stages until correction is complete. Worn in any properly fitted shoe and may be changed from one pair to another.

These scientific features are absent in ready-made "arch support" shoes of one standard elevation to fit all feet.

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Physicians are urged to write for our literature on the Feet especially written for the profession. Please mail coupon below.



The foot in its original condition. The Support is very low.

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Later, the Arch Support is raised.



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known for the exercise of due care.

If he fails to use all the skill at his command, if he fails to exercise maximum diligence, and, consequently, fails to institute correct treatment, he is guilty of negligence. Mistaken judgment per se does not make him liable. The controlling factor is whether or not he was negligent—for example, in failing to collect or to use information essential to proper handling of the patient.

DON'T LICENSE FOREIGNERS!

In his "Why License Foreigners?" [February issue], Dr. Harold Rypins. secretary of the New York State Board of Medical Examiners, states: "Today, New York State requires all foreign graduates, including Canadians, to pass the regular written examinations in the English language before obtaining licenses to practice."

That requirement nibbles at but does not dispose of the problem. It is simply the minimum precaution.

There is no valid reason why the

average alien physician should be allowed to practice medicine here at all. True, place can be made for aliens of exceptional professional attainment. But many ordinary foreigners have slipped by on the basis of extraordinary abilities which would hardly bear close scrutiny.

Lack of adequate medical service in the U. S. is entirely a matter of distribution. The problem is aggravated by alien physicians flocking to already overcrowded centers. Another thing, the alien's point of view has manifested itself already in two distinct ways: (1) loading up of welfare departments; (2) agitation for compulsory health insurance.

Alien physicians in the city of New York, for instance, have played no small part in strengthening the trend toward compulsory health insurance. Unsuccessful in private competition, unable to adapt themselves to different ways, they try to get on the public pay-roll whatever the cost in unsatisfactory medical services. Their influence has been underestimated.

The physician and the priest are the intellectual leaders in the typical European community. Consequently, medical immigrants in the



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Taurocol Compound Bile Salts Tablets in combination with digestive ferments (pepsin, pancreatin, extract nux vomica) are especially indicated for intestinal indigestion and auto-intoxication. Insufficient gastric and intestinal indigestion is frequently associated with biliary sluggishness. In such conditions addition of digestive ferments is of advantage.

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Taurocol—Bile salts tablets, stimulate the flow of bile without irritation to the liver or gastro-intestinal tract.

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Acts by increasing resistance. Rapidly clears up lesions and lessens possibility of recurrence. Avoids lancing.

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foreign sections of our crowded American communities are well fitted to spread the European concept that the government should support the people. The idea already has a big hold. When considering the qualifications of a foreigner, thought should be given not only to his education and medical training but also to whether he may be an undesirable propagandist.

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Foreign elements in our population have become deciding factors at elections. They have a natural flair for politics and realize their importance. (Their interest in how political developments affect them individually is a great reproach to the average native American). As a result, we have them occupying more than their share of space on the relief rolls. The number of aliens illegally in the country and being supported by the American taxpayer threatens to become a scandal of the first water.

Dr. Rypins states that during the five-year period ended October 15, 1936, 843 alien physicians were registered in New York State, 478 in 36 other states. How many of the 1321 brought any benefit to their adopted community or to the medical profession? Does the net gain from their immigration justify the additional threat to our professional standards which overcrowding spells?

We must begin to take better care of the 13,000 Americans desiring to study medicine before we can afford to be so generous with the overflow from other lands. Is it fair to ask those who spend so much time and money on a medical education to face unnecessary competition?

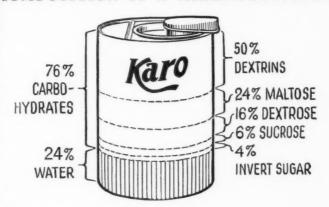
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THE DOCTOR IS CONCERNED ABOUT THE COMPOSITION OF A MILK-MODIFIER!



When you prescribe Karo as the milk-modifier you are providing well-tolerated, readily digested maltose-dextrins-dextrose. The dextrins are practically non-fermentable; the maltose rapidly transformed to dextrose requiring no digestion; the sucrose added for flavor is digested to monosaccharides. Karo is prepared chemically and bacteriologically safe—non-allergic, practically free from protein, fat and ash.



★ Infant feeding practice is primarily the concern of the physician, therefore, Karo for infant feeding is advertised to the Medical Profession exclusively.

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While the attitude, "We don't want any more furriners," may, at one time, have been contrary to the best American tradition, now that our boundaries are set and the expansion of our country has ceased it is time to question, as Chancellor Capen of the University of Buffalo does, whether or not the area of unrestricted competition is diminishing. Certainly, the profession thrives on a certain amount of competition. But there is enough of it already. It is one thing to favor unestricted competition when the field is growing or even standing still, another thing when the field is decreasing as a result of encroachment by the state.

The time has come for a change in our traditional policy. If foreign countries have more medical men than they can absorb, that's their problem, not ours.

Let's keep American medicine for Americans!

-R. H. SHERWOOD, M.D.

ASSISTANT READERS

JEANNETTE MICHELL, enterprising secretary to Dr. Carleton Deederer of Miami, Florida, submitted this question recently to a number of physicians: "Do you think an office nurse should read her employer's medical journals during her spare

time and then call his attention to articles which she believes relate to his practice?" These were among the answers received:

- 1. "Yes. That's exactly what I have been trying to have my nurse do. I wish she were trained to make out abstracts from which I could select the articles I want to read at length."
- 2. "Surely! My office assistant does it all the time. In fact, she cuts out articles and places them on my desk. Also, she takes my discarded journals home and goes through them to make certain I haven't missed anything."
- "Yes. My secretary often discovers material pertinent to my work before I've had time to look for it myself."

Comments Miss Michell: "Medical journals are often laid aside to be read at a convenient time. That time may never come or, when it does, the hurried physician may just glance lightly through them. Thus, he risks overlooking information of real importance to him.

"For instance, suppose he should be called to reduce a Colles' fracture in an influential elderly woman. His first thought might be to give her gas. He might not hear one of his journals imploring, 'Doctor, don't overlook me. I will tell you how to handle this case

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HE WAS A HERO

Mucius Scaevola was a hero. Standing before Tarquinius, he smilingly let his hand be charred over the flaming fire of the brazier. By strength of will he shut out pain.

If modern man is not possessed of the power of will to accomplish this, his scientific ingenuity has discovered drugs to alleviate his pain and save him from suffering.

In Peralga modern medicine has available the synergistic effect of aminopyrine and barbital, for the relief of pain and its nervous mcnifestations. Peralga obviates the use of morphine. It causes no incapacitating drowsiness. It is especially useful in those recurrent painful conditions, such as neuralgia, migraine, dysmenorrhea, where morphine has its imminent perils of addiction.

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Johnson & Johnson offer a complete range of styles and types of suspensories in all sizes, suitable for all cases. They are professionally designed for correct fit, adequate support and complete comfort.

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Navy Type. In diseased cases, the G.U.Suspensory with 12 refills is recommended. Soft cotton pad is attached to front buckles which can be removed and changed.



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with one half per cent novocaine. By so doing, you will be able to x-ray the wrist before and after you have treated it. Should additional manipulation be needed you can do it instantly before the anesthetic wears off?'

"Perhaps," Miss Michell hazards, "some nurse will read this message of mine before her employer does and surprise him by acting on the suggestions made here."

DRUG ACT STUMBLING BLOCK

THE COPELAND Pure Food and Drug bill passed the Senate last month. But a particularly deep rut lies in its road to final enactment, according to Printer's Ink:

"Jurisdictional jealousies, which wrecked all chances for enactment of a food and drug bill at the last session of Congress, are still the g.eeneyed monsters rising to plague the national legislature in its consideration of new drafts . . . Feuds within the official family as to enforcement powers-the Food and Drug Administration versus the Federal Trade Commission-if permitted to continue indefinitely will, in the opinion of observers, lessen the chances of a food, drug, and cosmetics bill at this session. Unless the President steps into the picture more conspicuously than on other occasions, the vital issues of public health and well being embodied in the bill will be completely overshadowed by the interplay of bureaucratic forces within the Administration.

Up to this writing, the President's only definite venture into the picture has been his indication at a recent press conference that he may oppose passage of the Copeland bill.

Public Rat No.1?

This rat hails from one of the largest experimental rat communities in the world, located at Bainbridge, New York, and maintained by the Borden Company.

He will die as he has lived, contributing something to what we are constantly learning about food, about milk and milk products.

His forebears in this Borden community have, since 1923, represented for us a span equivalent to ten centuries of human life. His posterity will extend this work probably as long as there is anything more to be learned about the food and feeding of man.

We think it significant that a company in the business of distributing dairy products to the public also maintains such an exhaustive research institution, quietly, behind the scenes of its business, in the interests of public welfare.

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Mouth Teeth	Deatists endorse it.	1 Sharishi	The same	H
Burns, Bites Bruises Fevered Brow	pleasant surprise to physics	maybe draw	the building	
Varicose Citi	For irrigation—soothingspus of mucus solvent. Relieves irritation.	-		

Here's a card that tells of Alkalol's long years of remarkable service to one physician. Every season I get hundreds of cards similar to this. Imagine getting hundreds of them! (Isn't this better "sales talk" than anything else I could tell you?)

ALKALOL AVOIDS ADDITIONAL IRRITATION

Many head-colds will be prevented if the nasal tract is kept clean, for without a doubt the nose often acts as an incubator

for bacteria.

Nasal cleanliness is no problem when Alkalol is used, for Alkalol is a pus and mucus solvent, allays irritation, reduces congestion and has a pleasant refreshing taste and odor. Different from the germicides so much exploited for oral hygiene, Alkalol can be used full strength in eye, ear, nose, wounds or burns, rash or irritation.

Let me tell you what thousands of physicians have written about Alkalol in absolutely unsolicited testimonials—"Wonderful success with Alkalol in treating and preventing head-colds". "Results amazing". "Wonderful in the treating of inflammation anywhere". "Patients find

flammation anywhere". "Patients find it comforting and soothing". "It has been my winter stand-by for 15 years". "It fills your statements beyond a doubt" "Finest nasal doubt learn used."

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"It fills your statements beyond a doubt"
... "Finest nasal douche I ever used"
... "Very efficacious in treating head-colds"
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mucous-membrane".

SIMPLE TEST TELLS VOLUMES

Let me send you a free eye-dropper but the of Alkalol. Then try it in your own eyes Alkalol has such a wonderful soothing, healing action on the delicate membrane of eye that it has been used for years to clear the eyes of infants after silver treatment.

the eyes of infants after silver treatment. Doesn't it stand to reason, Doctor, that if Alkalol has been so successful in treating such a supersensitive organ as the eye that it must be equally efficacious as a douche or spray in coryza, rhinitis, etc.?

Please remember that Alkalol is a delicate product and should not be dispensed from opened containers. Prescribe Alkalol in original 8 or 16 ounce bottles.

Your card or letterhead will bring a FREE SAMPLE of Alkalol.

(Signed)

The ALKALOL Company

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★ THE NEWSVANE ★

IN CORPORE SANO

Evidence of a sound body has been added to the requirements for admission to Williams College, in Massachusetts. Henceforth, prospective entrants will have to ask their family physicians to fill in and sign a detailed medical history. The physician will return the blank directly to the college's department of health. Formerly, such information was not requested until a freshman had settled on the campus.

CANCER AUTHOR CONFOUNDED

"TWADDLE," said Dr. Francis Carter Wood, commenting on "Is Milk Cancer's Ally?"—lead article in *Coronet* last month.

Dr. Wood, who is director of the Institute of Cancer Research at Columbia University, in refuting the author's implications that cancer is "aided, abetted, stimulated, and protected by milk," took occasion to show how incomplete or misunderstood statistics lead to false conclusions. The article states: "For years Switzerland, a milk and cheese nation, was thought to hold the world pennant for cancer. Now Scotland-which one tourist glorified as an island of oatmeal in an ocean of milk-is beginning to beat the yodelers' record." Dr. Wood pointed out that the reason for a higher cancer rate in Switzerland is that more autopsies are made there than elsewhere. He explained that autopsies are performed in 90% of all Swiss deaths: in only 2% of U. S. deaths.

In a final thrust at distortion, he took the author to task for implying

that Southern Negroes drink less milk than the whites and, consequently, have less cancer. Said Dr. Wood, "They have less cancer only because they are unable to secure physicians who can diagnose their cancer."

HOUSE NUMBERS UP

Physicians in Troy, New York, emulating an example set by their colleagues in Buffalo, are campaigning for house numbers plainly visible from the street. A law passed several months ago, due largely to efforts of the Erie County Medical Society, has resulted in an estimated \$28,000 being spent by Buffalo householders on four-inch numerals. Now, medical men in Troy want an ordinance that will require Trojans to make a similar investment. Inefficient house identification, they say, not only entails loss of time to the doctor but is also a distinct danger to the patient.

TOWARD BETTER PHARMACY

To meet increasing demands for a better type pharmacist, the Columbia University School of Pharmacy plans to raise its educational standards. Stiffened admission requirements, a four-year course of study, closer cooperation between the school and the university, and introduction of academic subjects into the curriculum are among the measures to be put into effect at the opening of the September term this year. Dr. Charles W. Ballard, professor of materia medica, declares that the reorganization follows the lead of medical, dental, and

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law schools in maintaining professional standing through improved educational processes.

DEGREES HARD ON THE EYES

Defects in vision increase markedly during the four college years-one in six has eye trouble on entering college; one in four, on graduation. Damage to the sight of 1000 students as a result of their efforts to obtain a degree has been measured by Dr. Ruth E. Boynton, professor at the University of Minnesota. Examination on entrance showed that half had abnormal vision; 30% slight defects; 18%, serious trouble.

At graduation, the incidence of serious defects had increased to 24%.

NAZIS ALIBI ADULTERY

In originating a new Nazi criminal code, Hitler has provided stringent penalties for adultery, at the same time promising special help to unmarried mothers. To protect the sanctity of German homes the new code specifies a maximum sentence of ten years for adulterers and correspondents, instead of six months as under the existing law. Men responsible for the plight of unmarried mothers will be required to lend them "material aid and spiritual comfort."

Apropos of the new code, one Nazi writer carries himself and good German morals away with the following: "Every healthy child born of a German mother is a battle fought and won for the existence of the German people. Thus, in an ethical sense, the healthy unmarried woman must not be denied the right to become a mother. It must remain the duty of national self-preservation not to place obstacles in the way of the unmarried woman of good eugenic qualities in giving birth to healthy children."

DAFOE PARRIES SALARY CUT

Dr. Allen Roy Dafoe, who does no advertising but is the world's best advertised obstetrician, objected last month in his local district court to a \$35-a-year salary cut. Since the quintuplets' birth, the doctor said, he had virtually abandoned private practice to care for them, adding, however, that he had retained his position as health officer for North Himworth Township where he and the babies live. His work in the latter capacity has increased greatly; and now, after holding the job for 25 years at \$75 per annum, he considers a drop to \$40 unjustified. Parrying the attempted salary cut, he asked for a raise to \$350.

Final outcome: the judge ordered the township to pay Dr. Dafoe \$150 for 1937.

MISSOURI M. A. SHOWN

When the Missouri Medical Association recently asked a state senate committee to approve a construction

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congestive action on the mucous membrane of the vagina. They quickly control discharge and render the cause more amenable to local treatment. One Wafer should be inserted high up in vagina after douche. Free sample penny postcard brings it to you. Adver-

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HE dietetic values of Cocomalt that establish it as a "protective food" have been accepted by the medical profession as beyond question.

Cocomalt supplies easy-to-digest carbohydrates in the form of dextrose. lactose, maltose and sucrose. And valuable proteins. Furthermore Cocomalt makes milk easier to digest because it is rich in malt enzymes that help to promote better digestion.

Cocomalt is rich in calcium and phosphorus-but more than that, Cocomalt also contains Vitamin D which enables the system to utilize the calcium and phosphorus. Each glass of Cocomalt and milk provides.33 gram of Calcium, .26 gram of Phosphorus, 81 U.S.P. Units of Vitamin D ... and 5 milligrams of Iron in readily assimilated form.

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Two added virtues that make this "protective food drink" deservedly popular with physicians and patients alike. Of distinctive and appetizing taste, it may be served Hot or Cold as you prescribe.

Cocomalt is sold at drug and grocery stores in 1/2-lb. and 1-lb. purity-sealed cans. Also, for professional use, in g-lb. cans available at a special price.



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... the palliative oral treatment provided by GONOSAN "Riedel" combined with mild local measures. The sedative, anodyne, and mildly antiseptic balsams contained in

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"Riedel"

greatly stimulate reparative processes and aid in relief of pain and irritation, the restriction of infection and the soothing of inflammation. GONOSAN "Riedel" is a combination of purest East Indian Sandalwood oil and Kava-Kava resins. No renal irritation follows even prolonged administration of Gonosan.

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On request: a free pad of "General and Dietary Instructions" to be given to patients at time of treatment—valuable in insuring cooperation of patients in carrying out professional advice.

RIEDEL & CO., Inc.

of a million-dollar state hospital for the poor, at Columbia, individual physicians and leading county societies throughout the state rose in disapproval. Among those who became vehemently articulate was Dr. Carl Vohs, chairman of the state association's own committee on medical economics. The points he made by voice and pen are typical of those brought out by the opposition in general.

In supporting his contention that the new institution would ruin medical practice in the state, Dr. Vohs maintained that, instead of a centralized hospital, the real need is for a program to build up medical facilities in various communities. Otherwise, he declared, young men who plan to practice there cannot be properly trained. Instead of spending a million dollars on the new hospital, Dr. Vohs advocated extension of certain state-society-approved projects-group hospitalization, a medical-dental service bureau, and a central admitting bureau. By spreading the benefits of such projects to the four corners of the state, he maintained, the financial status of many hospitals would be strong enough to make all necessary facilities available to the populace.

DIPHTHERIA ROUTED

Canadian physicians, anxious to convince reluctant parents of the value of diphtheria immunization, have seized with eagerness the ammunition offered them by a story in a recent issue of the Toronto Globe:

"The death rate in Brantford [30,000 inhabitants] from this cause [diphtheria] speedily dwindled to zero after the toxoid treatment was introduced fifteen years ago. And at zero it has remained for years. The disease, once a fearful scourge of infant life and still, sadly enough, a major cause of death in many less enlightened communities, has been wiped out entirely as far as Brantford is concerned. During the last fifteen years

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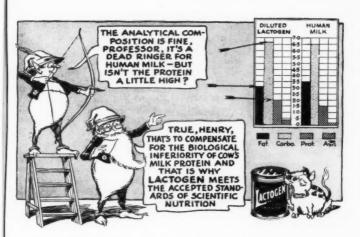
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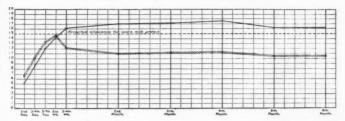
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CURVE OF PROTEIN ALLOWANCE IN LACTOGEN FORMULAS CURVE OF PROTEIN ALLOWANCE IN TYPICAL BREAST FEEDING

(Showing Protein Allowance per Pound of Body Weight)

At no time (exclusive of the first days of life) is the protein allowance in proper Lactogen feeding as low as the protein allowance in human milk. During the period of rapid growth (one month to five months), the allowance

is from 1.6 to 1.75 grams per pound of body weight. The generally accepted figure for the infant's requirement of cow's milk protein is 1.5 grams per pound. Lactogen meets this standard generously.



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about 13,500 school and pre-school children have been protected against the malady and there has not been a single case of it in this no-diphtheria town for more than six years."

DEATH TO MERCY DEATH

Euthanasia has been kept from gaining a legal foothold in the United States. Nebraska's unicameral legislature (the only one of its kind in the country) quickly killed a recently-proposed mercy-death bill in spite of pleas for clemency by its sponsor, seventy-year-old Dr. Inez C. Philbrick.

IAIL FOR SYPHILITICS

In a number of states it is a crime to have syphilis, marry, infect husband and baby, and refuse treatment. But, evidently, no one was ever convicted of it until last month in New Jersey. Then Hackensack's health officer caused a young wife to be sentenced to prison and to undergo antiluetic therapy under an ancient and practically unknown statute.

Arkansas, Arizona, Nevada, New Mexico, New York, North and South Carolina, Oregon, Texas, Virginia, and Wisconsin have similar laws, but the American Social Hygiene Association reports that it can find no record of an offender ever having been punished under them.

ANOTHER FIRST-AID CROP

Adding weight to the nation's already heavy emphasis on first-aid preparedness, the New York City division of the WPA began last month to train 1200 employees in its women's and professional division. This first-aid course follows one tackled recently by 2500 individuals in the division of operations. Ninety percent of the group passed. Lieutenant Colonel Brehon Burke Somervell, WPA administrator for New York City, has said

INVALUABLE TO DOCTORS



Western Electric's portable Electrical Stethoscope makes diagnosis of heart conditions easier. It amplifies heart sounds as much as 100 times-isolates and accentuates murmurs.

Developed by Bell Telephone Laboratories—small, light, easy to carry. For details: Graybar Electric, Graybar Bldg., New York. In Canada: Northern Electric Co., Ltd.

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COULD YOU TRUST MORE IN BABY FOOD?

Doctors in ever-increasing numbers are coming to rely exclusively upon Heinz Strained Foods for babies and other soft-diet cases.

That is only natural. All over the world today, the famed Heinz "57" Seal is accepted as a guarantee of uniform purity, quality and flavor.

And as further assurance for the exacting medical profession, each tin of Heinz Strained Foods is stamped with the important Seal of Acceptance of the American Medical Association's Council on Foods.

No baby food offers more convincing proof of wholesome goodness and high nutrient content than Heinz.

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Recommend Heinz Strained Foods for infant feeding. Your patients should have the *double* protection of the two famous Seals these products bear.

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KINDS-1. Strained Vegetable Soup. 2. Mixed Greens. 3. Spinach. 4. Carrots. 5. Beets.
 Peas. 7. Prunes. 8. Cereal. 9. Apricots and Apple Sauce. 10. Tomatoes. 11. Green Beans.

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After she has left your office —



FOR ROUTINE FOLLOW-UP in Vaginal Disorders

TYREE'S ANTISEPTIC POWDER

ITS soothing and healing qualities combined with its powerful antiseptic action make Tyree's the preparation of choice in follow-up after office treatment for Leucorrhea, Cervicitis, Endometritis, Vaginitis, etc.

Tyree's Antiseptic Powder is highly effective in removing thick tenacious mucus. It is antiseptic, yet not caustic or irritating. You can prescribe it for use by the patient at home, and

be confident that no burns will result even if a stronger dilution than that prescribed is used.



J. S. TYREE, CHEMIST, INC.

Manufacturers of Cystodyne and Tyree's Antiseptic Powder 15th and H Sts., N. E. • WASHINGTON, D. C. that, when carried out on a large scale, these courses "should eventually result in an appreciable reduction of accidents in the streets and in homes throughout the country".

LORENZ POVERTY-STRICKEN

Dr. Adolf Lorenz, world-famous Viennese specialist, finds himself at 82 in the forbidding clutch of poverty, according to information received recently by one of his former pupils. Dr. Horace Reed, of Oklahoma City. A letter from the widow of Dr. Reed's former instructor in Germanic languages at the University of Vienna states that Dr. Lorenz' misfortune is due partly to the fact that he has no pension and has been unable, apparently, to save anything out of his once enormous earnings.

"It is difficult to understand how a man so celebrated in his profession could be destitute," says Dr. Reed. "But in Austria, under socialized medicine, a physician is required to do a great deal of work for the government in return for very slight remuneration. I recall that over twenty years ago when I was studying under Dr. Lorenz he was having tax troubles with the government. Under Austrian law, he had to estimate his income and pay his tax in advance. Government investigators had been set upon him to determine whether he was accounting for all he might make."

BEHIND SOCIAL SERVICE

What the average American hospital needs is a social service department capable of giving physicians well-rounded information about the environment affecting the lives of their patients. That conclusion has been reached by Dr. Walter W. Palmer, director of medical service at the Presbyterian Hospital in New York City. His opinion is based on facts produced in a six-year survey completed recently by two of the hospital's staff members.

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Having made a detailed study of 100 social service cases at a cost of \$10,000, the probers claim that a large portion of a community's medical resources are wasted because physicians fail to consider social factors which either cause or aggravate disability and disease. Without such consideration, Dr. Palmer declares, there is grave danger of overlooking the fact that the ward patient is a human being after all.

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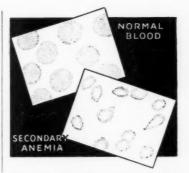
Comment on the objectives, scope, and technic of social work as a professional function was made at the recent conference of the American Association of Social Workers in Washington, D.C. Harry L. Hopkins, Works Progress Administrator and a former president of the association, attended the conference in spite of the fact that he has classed a number of the organization's members as "pantry snoopers." He heard one speaker explain the social worker's motivation as follows: "The guiding of social change is a concept that attracts. Most of us want to be in on the guiding."

LEPER POGROM

China has again demonstrated its belief that organized execution is proper therapy for persistent public maladies, Occidental civilization was shocked at recent reports that Chinese drug addicts and dealers have suffered capital punishment. Last month came the news that military authorities in Kwangtung Province had executed twelve lepers, some of them women. Since China harbors at least one million lepers (more than any other country), foreign missionaries predict that if killing them really gets under way, the resulting public slaughter will put narcotics executions in the shade.

STUDY WON'T SUPPORT CO-OPS

President Roosevelt's special commission that spent three months and \$100,000 last summer studying coopera-



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GUDE'S Pepto-Mangan

GUDE'S PEPTO-MANGAN is a neutral organic solution of true peptonate of manganese and iron. It stimulates appetite and helps increase hemoglobin in the blood, mak-

ing it rich and red. Very palatable.

Liquid and tablet form.

Samples and further information gladly sent upon receipt of your professional card.



M. J. BREITENBACH CO. 160 Varick Street, New York, N. Y. tives in ten countries has failed to recommend federal aid for American co-ops (medical and otherwise). Sharp debate growing out of widely divergent views ruffled the six-man committee during the compilation of the results of its study. Two members, Robin Hood, executive director of the National Cooperative Council, and Clifford Gregory, farm paper editor, vigorously condemn federal subsidies for cooperative ventures as "dangerous and usually futile." Argues Gregory, "European cooperatives can teach us little that cannot be gleaned from American experience. Heads of European cooperatives say their purpose is to supplant the capitalistic system-something that is alien to American ideals."

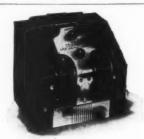
MATERNITY DEATHS MISNAMED

Since 1932 Dr. S. C. Runnels, secretary of the Ohio State Hospital Obstetric Society, has been conducting a

nation-wide study of the causes of childbirth mortality. Statistics thus far obtained tend to muffle the hue and cry raised by alarmists over the "shamefully high" rate of childbirth deaths in the United States. Dr. Runnels' findings indicate that many maternity deaths are actually misnamed, the real cause being either criminal abortion, or pneumonia, or a cardiac condition. "While septicemia ranks highest among actual puerperal death causes," he explains, "here again abortion is often the fundamental cause."

OUININE TOOK HAILE

Italy won Ethiopia because Mussolini sent medicine to his troops before bullets, according to Count Aldo Castellani de Chisimaio, authority on tropical diseases and medical inspector general of the Italian army in East Africa. The Count returned here last month to resume his course on tropical diseases at the Louisiana State



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WHEN patients have sore throats, colds—and you advise against smoking, you know that your "no smoking" edicts are sometimes broken or ignored.

In such cases, Spud Cigarettes may be of service.

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Free Spuds for Doctors. Write on your professional stationery, for a free box of 100 Spuds, half plain tip and half cork tip. The Axton-Fisher Tobacco Company, Inc., Louisville, Ky.

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MIST-HEPAT COMP. (Cole)

ARTERIAL hypertension yields to Mist-Hepat Comp. (Cole). This desirable combination of Viscum Album with hepatic and pancreatic substances leads to a profound sustained drop in systolic and diastolic tension. Associated vertigo, headache, and easy exhaustibility are overcome, and the myocardium is relieved of its burden of elevated arterial pressure. After administration for six to eight weeks, medication may often be stopped, with improvement being maintained. In this regard Mist-Hepat Compound is superior to the nitrites.

Mist-Hepat Comp. (Cole) is indicated in essential hypertension, the hypertension of nephrosclerosis, and the hypertension of pregnancy.

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University, which was interrupted by a request from Rome that he aid in the conquest of Ethiopia. Statistics prove, he claims, that the mortality from tropical disease among Italians during the African conquest was lower than that in any colonial campaign of the last century.

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"II Duce issued orders that medical supplies should have precedence over all munitions shipments to Ethiopia," explains Count Castellani. "As a result, among 500,000 white troops and 100,000 white workingmen, there were only 599 deaths from disease as against 1,099 deaths in battle." Each soldier and laborer was under strict orders to take ten grains of quinine daily, as a precautionary measure. Two lemons per day per man forestalled scurvy; regular delousing held off typhus; and salvarsan was used successfully in cases of relapsing fever.

"We were astonished at the results," the count declares.

"SNOW BIRD" SEASON OPENS

"Snow birds" are becoming partial to "pink pills"—a new, inexpensive narcotic—said Federal Narcotics Commissioner Harry J. Anslinger last month. More than 3500 such "pills" were seized recently in Chicago. They are described as being frequently fatal to the user.

In Mexico, Dr. Jose Siurob, minister of public health, has launched a campaign against drug trafficking. He points out that drug rings consider his country an ideal distribution point for contraband, routing from Shanghai through Mexico into the United States. Opium, he adds, is being widely cultivated in Mexico, as is marijuana.

Alarmed by the increasing use of the latter drug, the World Narcotic Defense Association, observing its eleventh Narcotic Educational Week recently, appealed to the public through the press and radio and via religious. fraternal, and educational institutions. The association will campaign in fifteen states and the District of Columbia for the enactment of the Uniform State Narcotic Drug Act.

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The narcotic situation is less threatening in Great Britain. To the League of Nations, the United Kingdom has reported only 700 addicts for 1935. Of them, about one sixth were physicians.

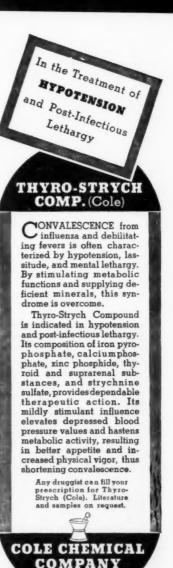
BELCHING ALONG TOGETHER

Sodium bicarbonate may be as useful to German armies as munitions and foodstuffs, suggests a report presented recently before the Berlin Medical Society. Physical endurance, it avers, can be increased between 30% and 100% by increasing the body's alkali content, enabling it more easily to neutralize lactic acid and other products of exhaustion. Experience with athletes has shown the effects of alkalization produced suddenly. A thoroughly alkalized runner raced efficiently for 42 minutes instead of twenty. A cyclist was enabled to sprint 15.9 minutes as against 10.9. It was implied that the chief purpose of such experiments is to establish a method for enlarging German soldiers' capacity for warfare.

MEDICAL EDUCATION AIRED

Fear that physicians are being overproduced was allayed somewhat by Dr. Harold Rypins, secretary of the New York State Board of Medical Examiners, in his recent report to the A. M. A. Congress on Medical Education and Hospitals. Attributing the decrease in potential M. D.'s to stricter entrance requirements and limitation on the size of freshman classes, he said that medical enrollments in the United States had dropped from 6,456 in 1930 to 5,996 in 1935.

Dr. Charles Gordon Heyd, president of the association, announced to the congress that a system of determining fitness to specialize had



ST. LOUIS U.S. A

been developed by the Council on Medical Education and Hospitals. Thus far, examining boards have been established for intended specialists in gynecology, pediatrics, ophthalmology, otolaryngology, dermatology, obstetrics, neurology, psychiatry, orthopedics, urology, pathology, internal medicine, and radiology.

Dr. Ray Lyman Wilbur, president of Stanford University, declared that the teaching of medicine had "slipped" during the depression; that "additional endowments and greater support from state governments are needed by practically all medical schools in the country."

ST. LOUIS CHASES SMOKE

In St. Louis, which now rates ahead of Pittsburgh as the nation's No. 1 Smoke City, physicians insisted recently that Mayor Dickmann sign an ordinance limiting the use of soft coal. Aided by Y. M. C. A. workers whose

laundry costs are higher than those in comparable cities, by property owners who have refused to paint or repaper, and by merchants who have to keep store windows lighted in day. time, the doctors emphasized the health hazards of the continual St. Louis murk. The mayor capitulated.

WANTED: BAMBINOS

All the Fascist salutes in the country will not make Italian women bear more babies, Il Duce has found. Even ridicule of the childless in newspaper cartoons has had little effect. Fifteen potential army divisions have been lost to Italy by birth control, he estimates.

Rewards having failed to boost bambino production, substantial penalties are now being considered. In addition to the established tax on bachelors. confiscation of the property of couples dying without issue has been proposed. The Fascist Grand Council has

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other suggestions, too: compulsory nurseries in factories, where mothers may leave their children; an increase in the number of maternity health centers; greater financial aid to families with many children; elimination of childless workers in favor of parents.

WAGES OF INFLUENZA

Influenza and bad typography combined recently to jolt sneezing and coughing Londoners. Health authorities posted the city hall with signs to the effect that, because of the prevalence of influenza, cold sufferers would be "executed." The posters were intended to warn those with the sniffles that they would be "excluded" from meetings in the building.

TRACTOR AMBULANCE

Blueprints for an emergency truck designed to rush medical care and equipment to victims of airplane accidents have been ordered by Los Angeles health authorities. The action was engendered by public indignation at reports that a number of those dying in recent air transport accidents could have been saved if emergency equipment had been available at the scene. It is reported that the plans call for a tractor-type vehicle capable of proceeding quickly over rough ground and equipped with everything from anti-tetanus serum and bandages to collapsible beds, portable heating equipment, floodlights, and a two-way radio.

CAMP DOCTORS' ULTIMATUM

Recognition of the value of summer camp physicians has been demanded by the Interne Council of America in a resolution listing \$100 a month as the minimum acceptable salary. Claiming that interns submit meekly to exploitation by camp directors, the council says that physicians should not be paid less than counselors, coaches, and



A complete noiseless machine designed for the specialist as well as the general practitioner. The ideal apparatus for the physician or surgeon who requires just one machine. May be used in the office, at the patient's home or in the operating room for major and minor surgery. Light weight cover accommodates all accessories. No extra packages of parts need be carried separately when taken from office. Equipped with genuine Tompkins Rotary Compressor connected direct to motor by flexible coupling. Requires no attention or adjustment—no belts to slip, stretch or break—no ball or spring valves to get out of order.

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largements, infections.

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other camp personnel. The camp physician is responsible for from fifty to 200 children whose parents demand first-rate care. Compensation, too, should be first-rate, the council believes.

Letters stating the minimum salary demand have been sent to camp directors throughout the country. Many hospital house staffs have adopted resolutions backing the demands. The council plans to create a file of summer camps, listing facilities, wages, and comments by doctors who have worked at them. The file will be available to council members as a confidental guide. An employment bureau for placing interns in desirable camps is also contemplated.

CANCER PUBLICITY PAYS

The psychological log jam which blocks efforts to control cancer through education is at last breaking up, says Dr. E. C. Little, managing director of the American Society for the Control of Cancer. Answers to queries sent by the society to fifty cancer-wise physicians throughout the country cite five principal obstructions: (1) the blind fear and disgust that many still feel toward cancer and any discussion of it; (2) widespread belief that cancer is incurable; (3) the feeling that cancer education causes cancer phobias, that the hurt done to nervous and neurotic people outweighs the good done through lives saved; (4) the despairing conviction held by many intelligent people that if a parent dies of cancer so will his children; (5) faith in quacks and nostrums.

Comment was uniformly encouraging. It included opinion to the effect that fear is gradually being overcome; that convincing propaganda has been generated by the 25,000 definite cures accredited by the American College of Surgeons; that the development



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main the most serious menace. Last month Dr. Little announced the formation of the Cancer Council. subsidiary of the American Society for the Control of Cancer. The new group is to function as a liaison agent between outstanding cancer au-

thorities and the lay public. Through the press and radio it hopes to coordinate cancer education, therapy, and research. On the council are Drs. Frank Adair, appointed by the regents of the American College of Surgeons; Karl Kornblum, appointed by the American Roentgen Ray Society; James B. Murphy, of the Rockefeller Institute for Medical Research; James Ewing and Burton T. Simpson, appointed by the American Society for the Control of Cancer.

of cancer phobia as a by-product of

cancer education is not alarming; and that the fallacy of cancer being hereditary is diminishing. Quacks re-

INVISIBLE VIRUS SEEN

DR. KURT HERZBERG, of Germany, states that he has successfully photographed virus particles. By coloring the particles blue, he says he has discovered that they slip through cell walls and multiply until they overload the cell. which then bursts. Thus, the infec-A further finding tion is spread. he adds, substantiates the long-held theory that influenza is caused by a virus working with a certain bacillus.

THE"GRAY_COATS" ARE COMING

A STEELY-GRAY UPSTART made its appearance recently among the uniforms of New York City's metropolitan servants (Confederate blue for postmen, white for street cleaners, and navy blue for firemen and police). The new uniforms are worn by 100 young men selected from the police department to serve as special sanitary patrolmen. Their duties take them through the city's five boroughs to promote better understanding and



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Whenever there is localized congestion due to traumatic or inflammatory processes, local application of the emplastrum Numotizine will be found of value for its rapid decongestive effect, its superior anodyne qualities.

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HEALTH INSURANCE-THE NEXT STEP, by Abraham Epstein. (New Repub. lic, February 17, 1937)

CANCER: THE GREAT DARKNESS. (Fortune, March, 1937)

BOOKLETS

THE EXPECTANT MOTHER. (Children's Bureau, U. S. Department of Labor)

BOOKS

THE SOCIAL COMPONENT IN MEDICAL CARE, by Janet Thornton and Marjorie S. Knauth. A study of 100 cases in New York's Presbyterian Hospital. (Columbia University Press, \$3)

SICKNESS AND INSURANCE, by Harry A. Millis. A Chicago University professor reviews the sickness problem and health insurance. (Chicago University Press, \$2)

IF INFLATION COMES, by Roger W. Babson. What to do about it. (Frederick A Stokes, \$1.35)

WIDE IS THE GATE, by Lloyd Thompson. The story of a quack physician. (Macauley, \$2)

HOW TO BE A SUCCESSFUL SECRETARY, by Louise H. Scott, Advice to secretaries, medical and otherwise. (Harper & Bros., \$2.50)

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We quote "IN INFANTS SENSITIVE TO COW'S MILK, THE USE OF GOAT'S MILK IS FREQUENTLY SATISFACTORY. THIS IS NOW AVAILABLE IN CANNED MILK PREPARED BY MEYENBERG." (Rowe "Food Allergy", 1931, page 92).

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DOSAGE: One to two capsules three or four times a day, preferably after meals with a glass of milk or water.

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LITERATURE & SAMPLES

COLD CAUTERY-SCALPEL: Here's literature announcing one of the latest additions to modern cautery equipment—the Wappler Cold Cautery-Scalpel. This new unit provides three types of current: one for hemostasis, one for incision or excision, and one for coagulation. It is equipped with retractable cords, automatic drawer, and footswitch control. For your copy, write to the American Cystoscope Makers, Inc. (ME 4-37), 458 Whitlock Ave., New York, N. Y.

GLYCERINE: The Glycerine Producers' Association (ME 4-37), 381 Fourth Ave., New York, N. Y., has published in booklet form a reprint from the American Professional Pharmacist entitled, "Glycerine: Its Role in Medicine." A free copy will be sent to you promptly upon request.

VARICOSE VEINS: This attractive folder explains the use of Dr. Scholl's Rubberless Stockings for varicose veins and other leg troubles. Their strength, firmness, and elasticity give effective support and eliminate fatigue, the folder declares. The stockings are light in weight, allow access to air, and are washable like ordinary hosiery. Address The Scholl Mfg. Co., Inc. (ME 4-37), 211-213 W. Schiller St., Chicago, III.

NERVOUS CONDITIONS: The Walker Corp & Co., Inc. (ME 4-37), Syracuse, N. Y., offers you a free supply of Fenbane and a booklet describing its use. According to the makers, the preparation is an effective soporific

containing phenyl-ethyl-malonyl-urea with hyoscyamus extract. It is indicated for sleeplessness due to nervous tension, for hysterical paroxysms, for nervous conditions of pregnancy, and for the excitable patient before operation.

THE SLEEP PROBLEM: Through the use of Flents, specially-prepared cotton and wax ear stopples, light sleepers need not be disturbed by night-time noises. Flents are hygienic, non-irritating, easily used, and instantly removable, declare the makers. They'll send you a free sample on request. Address the Flents Products Company (ME 4-37), 103 Park Ave., New York, N. Y.

NAMEPLATES: If you're about to hang up your shingle for the first time, or if your nameplate has become shabby or illegible, John M. Doyle (ME 4-37), 14 South Third St., Philadelphia, Pa., will send you some new literature on the subject.

UMBILICAL CLAMP: Here's an offer of a reprint from the Journal of Obstetrics and Gynecology. It describes in detail the improved, stainless-steel Gomeo Umbilical Cord Clamp. The manufacturers point out that through the application of the clamp in over 200 clinical cases, no hemorrhage or infection has occurred. Address your request to the Gomeo Surgical Mfg. Corp. (ME 4-37), 87-91 Ellicott St., Buffalo, N. Y.

VAGINITIS: This interesting leaflet

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introduces Trimonoids Suppositories, a new treatment for vaginitis due to trichomonas vaginalis. A copy of the leaflet and a trial supply of the product are offered by the Pharma-Clinical Laboratories (ME 4-37), 32 Union Square, New York, N. Y.

GALL-BLADDER DISORDERS: Ketochol, a newly-developed product, is described in this literature as a combination of the oxidized forms of bile acids in approximately the same proportions as human bile. Its makers say it improves liver function, increases bile production, and overcomes biliary stasis by promoting freer bile tract drainage. Your copy is available from G. D. Searle & Company (ME 4-37), 473-43 Ravenswood Ave., Chicago, Ill.

ANATOMY CHARTS: This attractive, illustrated folder discusses the new, pocket-size Atlas of Human Anatomy. The book contains a complete set of 39 color reproductions of the Frohse-Brödel charts used in medical schools for lecture and laboratory purposes. You'll find it a handy volume for demonstrating ailments to patients. For your copy of the folder, write to Barnes & Noble, Inc. (ME 4-37), 105 Fifth Ave., New York, N. Y.

ARTHRITIS: By word and picture this record of clinical experience with Ertron shows the product's therapeutic value in treating arthritis. It is prescribed in the form of massive-dosage vitamin D capsules. A copy of the record will be mailed to you promptly on request. Write to the Nutrition Research Laboratories, Inc. (ME 4-37), 322 South Michigan Ave., Chicago, Ill.

VITAMIN A: The manufacturers of Carotene-In-Oil suggest you try the product in your next case that calls for vitamin A activity. They offer, free of charge, a sample and an informative pamphlet. The product is said to provide pro-vitamin A, a mother substance of vitamin A activity as it occurs in the vegetables and fruits of a well balanced diet. Write to the S.M.A. Corporation (ME 4-37), Prospect Ave. and E. 46th St., Cleveland, Ohio.

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X-RAY: Here's a handsome, illustrated catalog that gives full particulars on the new, high-powered G-E x-ray machine. This unit, its makers say, takes up little office space and will equip you for radiology of all parts of the body, including fractional-second exposures. Drop a card to the General Electric X-Ray Corporation (ME 4-37), 2012 Jackson Blvd., Chicago, Ill.

MENSTRUAL DISORDERS: The Martin H. Smith Company (ME 4-37), 150 Lafayette St., New York, N. Y., offers some interesting literature on Ergoapiol. This well-known product is prescribed for the treatment of amenorrhea, dysmenorrhea, menorrhagia, and metrorrhagia. It is said to stabilize uterine tone, regulate innervation, and control bleeding when present.

ABSORBENT COTTON: Would you like a free sample of Bay's Blue Seal Absorbent Cotton, packed in a snugfit carton so that it will not crowd your shelf or bag? Then drop a card to The Bay Company (ME 4-37), Bridgeport, Conn.



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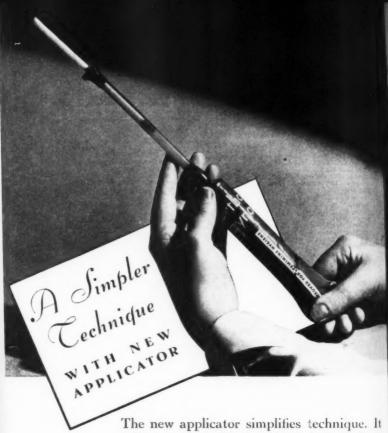
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